## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 585296
1. Corporation Name
A + CHIEVE, INC

(7)

Sandra B. Mortham

## **FILED** Apr 22 1997 8:00am Secretary of State

Principal Place	a of Business	·	Mailing Address				- 1 taltan Aniai rarar airin sinin imira mira mira anti anti anti aran aran aran aran anti ran aran .							
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3418 SWANN A				3418 SWANN AVENUE					1					
TAMPA FL 3360	U <del>9-464</del> 6		11	AMPA FL 33609-4646										
												.,		
									3. Date In 09/05/	corporated or 1978	Qualified		ate of Last F /15/1996	Report
2. Principal Pi	lace of Busin	ess	28	. Malling Address		<del></del>			4. FEI Nui	mber			A	oplied For
21				26					59-1	854451			<u> </u>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt #, etc.					<u> </u>					Additional
<b>├</b> ──				<b></b> 7					5. Certific	ate of Status D	esired		<b>T</b>	equired
22				00.000					<b></b>					
City & State				City & State					6. Election	n Campaign Fir	nancing	_	<b>\$</b> 5.00	May Be
23			28						Trust Fu	und Contributio	n	<u> </u>	Added	to Fees
Zφ		Country		Zip		Country			8. This co	rporation has I	lability for i	ntangible	e tax under s	. 199.032,
24	[	25	29		30				Florida	Statutes		Yes	□ No	
	9. Name	and Address	of Current Regi	stered Agent		1			10. Name	and Address o	of New Re	gistered	Agent	
RAIN	IES, V.H. H	FIFN	,			81	Na	ame	· · · · · · · · · · · · · · · · · · ·					
<b>b</b>	-													
4301 AZEELE TAMPA FL 33609				82 Street			reet Addres	ss (P.O. Box	Number is No	Acceptab	le)			
IAM	PA FL 3361	Ŋ							<u>,</u>					
						83								
						-							1221 35	A. J.
						84	Ci	ty				FL	85 Zip	Code
44 5			- 607 0600 1	CO2 4500 El- : 04-									<u> </u>	4i-t
office or n	to the provisi edistered ed	ons of Section ent or both in	is 607.0502 and i	607.1508, Florida Sta ida_Such change wa	itutes, ti as autho	ne apove orized by	the	mea corpo corporatio	on's board of	ts this stateme directors. I he	nt for the p reby accer	orpose c at the an	or changing i pointment as	ts registered registered
agent. La	m tamiliar wi	th, and accep	the obligations	of, Section 607.0505,	Florida	Statutes	s	00/ 00/4//0				, ,, ,, o c.p.,	pominion de	, , , ,
SIGNATURE														
Signaturic	Stignature, typed	or printed name of	registered agent and tit	le if applicable. (f	NOTE Reg	istered Age	nt sig	beniupes enutare	d when reinstating	<sub>i</sub> )		DATE		
12.		OFF	ICERS AND DIRE	CTORS		13.			ADDITIO	NS/CHANGES	TO OFFIC	ERS AN	D DIRECTOR	RS IN 12
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NAME	BAINES, I	HELEN V.H.		_		12 NAME		1						
	4301 AZE				1							1		
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CHTY - ST - ZIP	_	<b>b</b>		···		14 CITY-S	Y-ZIP	<u>'</u>						
TOTLE	S			☐ DELETE		21 TITLE						I	Change	Addition
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I do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone #