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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F53828** (2)

1. Corporation Name
ACHIEVERS OF AMERICA, INC.

Principal Place of Business
**6915 LAKESIDES RD.
WEST PALM BEACH FL 33411**

Mailing Address
**2891 NW 112 AVE
CORAL SPRINGS FL 33065-3545
US**



2. Principal Place of Business
21 **9947 CROSS Pine Ct**
Suite, Apt. #, etc.

2a. Mailing Address
26 **9947 CROSS Pine Ct.**
Suite, Apt. #, etc.

City & State
23 **Lake Worth**

City & State
28 **Lake Worth**

Zip Country
24 **33467** 25 **USA**

Zip Country
29 **33467** 30 **USA**

3. Date Incorporated or Qualified **11/16/1981** 3a. Date of Last Report **02/13/1996**

4. FEI Number **59-2432351** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**SUTTON, MAUREEN T
2891 NW 112 AVE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PST SUTTON, MAUREEN**
STREET ADDRESS **6915 LAKESIDE RD.**
CITY-ST-ZIP **W. PALM BEACH FL**
TITLE ☐ DELETE
NAME **D SUTTON, MAUREEN**
STREET ADDRESS **6915 LAKESIDE RD.**
CITY-ST-ZIP **W. PALM BEACH FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PST Maureen Sutton**
1.3 STREET ADDRESS **9947 CROSS Pine Ct.**
1.4 CITY-ST-ZIP **Lake Worth Fla. 33467**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D SUTTON, MAUREEN**
2.3 STREET ADDRESS **9947 CROSS Pine Ct.**
2.4 CITY-ST-ZIP **Lake Worth, FL. 33467**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify 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 a address.

SIGNATURE: **Maureen Sutton** **Maureen Sutton 4/3/97** **(541) 967-1145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)