FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004565 (8)**

1. Corporation Name
ARNOLD PALMER ACADEMIES, INC.

Principal Place of Business	Mailing Address
ONE ERIEVIEW PLAZA, SUITE 1300 CLEVELAND OH 44114-1782	ONE ERIEVIEW PLAZA, SUITE 1300 CLEVELAND OH 44114-1782

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3200356 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, ARNOLD D	1.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 1300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMACK, MARK H	2.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 1300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	LAFAVE, ARTHUR J JR	3.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 1300	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, ALASTAIR J SR	4.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 1300	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☑ Change ☐ Addition
NAME	YODER, RAY A	5.2 NAME	T
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 1300	5.3 STREET ADDRESS	ZUCKAY, JACK
CITY-ST-ZIP	CLEVELAND OH 44114-1782	5.4 CITY-ST-ZIP	ONE ERIEVIEW PLAZA, SUITE 1300 CLEVELAND, OHIO 44114
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, WILLIAM H	6.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 1300	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jack Zugay JACK ZUGAY, TREASURER 1/11/95 (216)522-1200
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0384782 CP