

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001429 (8)

1. Corporation Name

ACHIEVERS UNLIMITED OF DELAWARE, INC.



Principal Place of Business: **1013 CENTRE RD. WILMINGTON DE 19805**
Mailing Address: **1013 CENTRE RD. WILMINGTON DE 19805**

2. Principal Place of Business
21 **900 Phillips Point West**

2a. Mailing Address
26 **900 Phillips Point West**

22 **777 South Flagler Drive**

27 **777 South Flagler Drive**

23 **West Palm Beach, Florida**

28 **West Palm Beach, Florida**

24 **33401** 25 **U.S.A.**

29 **33401** 30 **U.S.A.**

3. Date Incorporated or Qualified: **03/08/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0342649**
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

**HARRISON, CHRISTINE
EAST TOWER, SUITE 700
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name: **Lisa Montalvo**
82 Street Address (P.O. Box Number is Not Acceptable): **900 Phillips Point West**
83 **777 South Flagler Drive**
84 City: **West Palm Beach** 85 Zip Code: **FL 33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0305, Florida Statutes.

SIGNATURE: *Lisa Montalvo* **Registered Agent** April 11, 1996
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, DOUGLAS G	
STREET ADDRESS	777 S. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CONNELLY, ELIZABETH D	
STREET ADDRESS	777 S. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANGER, GARY	
STREET ADDRESS	777 S. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elizabeth D. Connelly	
1.3 STREET ADDRESS	900 Phillips Point West, 777 South Flagler Drive	
1.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****200.00 ****200.00

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)(k), 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; 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 of this filing, or of an attachment with an address.

SIGNATURE: *E. Connelly* **President** April 11, 1996 (407) 835-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

NO
4-11-96