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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500001429 (8)

ACHIEVERS UNLIMITED OF DELAWARE, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								1010 1011 1001
900 PHILLIPS POINT WEST 900 PHILLIPS POINT WEST								
	OUTH FLAGLER DRIVE Palm Beach FL 33401	777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE		
HEAT THEM DESIGN TE SAME.						3. Date Incorporated or Qualified		
						03/08/1995		
2. Princ	cipal Place of Business	2a. Mailing Address				4. FEI Number	Ā	pplied For
21		26				65-0342649	N	ot Applicable
	te, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22		State City's State				U. Salamodia di Cidida Bedined	Fee R	equired
	& State	City & State				6. Election Campaign Financing		May Be
23 Zip	Country	Zip Cour			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	to Fees
24	25	├ ─ ┐ ˙	\vdash	iliy		8. This corporation owes or has paid the cu		tangible No
<u> </u>	g. Name and Address of Currer	29 nt Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		
	POMERANZ, MARK			Bí	Name	is.		
LAW OFFICES OF POMERANZ & LANDSMAN								
12955 BISCAYNE BLVD, SUITE 202 N MIAMI FL 33181				82 Street Add		ess (P.O. Box Number is Not Acceptable)		
				83				
			-	84	City		85 Zip	Code
				-	-	Fl	_ `	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Signature, typed or printed hance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE								
12.			OTE: Registered	Ager	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTOR	20 IN 12
TITLE		TRY		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	CONNELLY, ELIZABETH D	— • • • • • • • • • • • • • • • • • • •	1.2 NA				E.J. Silverige	
STREET AD	AND DUILLING BOILT WEST	777 S FLAGLER DR			ADDRESS			
CITY-ST-Z	MEGT DALM DEACH EL 2040	11	1.4 CIT					
TITLE		☐ DELET É	2.1 TIT				Change	Addition
NAME			2.2 NA	ΜÉ				
STREET AD	DRESS		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-Z	nP		2. 4 CITY-S1-ZIP		1 - ZIP			:
TITLE		DELETE	3.1 TITLE			1100 min 110	Change	☐ Addition
NAME			3.2 NA	ИE				
STREET ADI	DRESS		3 3 51 8	EET #	address			
CITY-ST-Z				3.4. CITY-ST-ZIP				
TITLE		☐ DELETE		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADO	DAESS		4.3 STR	EET A	ADDRESS			
CITY-ST-Z	IP	4.4.0			- ZIP			
TITLE			5.1 TiTa				L Change	☐ Addition
NAME			5.2 NAN					!
STREET ADI	1				ADDRESS			
CITY-ST-Z	IP	□ Priete	5.4 CITY		- ZIP		770	1 4 4 4 7 9 1
TITLE		☐ DELETE	6 1 TITL				Change	☐ Addition
NAME	200		62 NAN					
STREET ADD					ADDRESS			
CITY-ST-Z		th this filing does not suglify	for the ever			Section 119 07/2\(\text{ii}\) Florida Statutos I further o		

4. I bereby 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 cortify 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 concordion or the response 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 changes or on an appear with an address.

DESCRIPTION ON AND VIA EX ONING

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