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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700004623

1. Corporation Name

ACADEMY CORP.

Principal Place of Business	Principal	Place	of	Busir	ess
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Mailing Address

1800 NORTH MASON ROAD KATY TX 77449 1800 NORTH MASON ROAD KATY TX 77449

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90177 043 \*\*\*150.00



						1	DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualifed						
				1			- 1	09/03/1997					
2 Principal Pl	ace of Business	2a.	Mailing Address					4.	FEI Number	_		App	lied For
21	400 0, 840200	26							74-1670067			Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					-		11 101 0001		\$8.	75 A	dditional		
						5.	Certifcate of Status Desi	red _ 🔲 _		ee Rec	_		
22						+-	Clastica Campaign Finan	-ina			· vlay Be		
<u> </u>	City & State City & State							Election Campaign Finar Trust Fund Contribution	Cing [			Fees	
23		Country Zip Country						_			1 003		
Zip	Country		Žip		ountry			8.	This corporation owes th	e current year I	Intangible Ye:		□No
24 25 29 30								Personal Property Tax.			5	7140	
Name and Address of Current Registered Agent						<del></del> -		1 <u>0.</u>	Name and Address of I	vew Registere	a Agent		_
	CORPORATION OVETEN				81	l M	ame						
	CORPORATION SYSTEM				82	s	treet Add	dress (P	O.O. Box Number is Not A	cceptable)			
	SOUTH PINE ISLAND ROAD					ľ		., 555 (		,			
Plan	NTATION FL=33324				83				·				
	in the state of th					<u> </u>							
}					84	C	ity			F	85	Zip C	008
44 D	to the provisions of Sections 607.05	00 and 60.	7 1509 Elorida Stati	utos the	o above		med con	noration	n submits this statement fo	or the nurnose	of changi	na its i	egistered
office or re	enistered agent or both in the State	a of Florida	: Such change was	authoria	zed by:	the	corporati	tion's bo	pard of directors. I hereby	accept the app	ointment	as reg	istered
agent. I ar	m familiar with, and accept the oblig	ations of, S	Section 607.0505, FI	lorida S	tatutes.								
SIGNATURE						_							\
	Signature, typed or printed name of registered ag		·· · · · · · · · · · · · · · · · · · ·			ıt sigi	nature requir			DATE			20 101 40
12.	OFFICERS A	ND DIREC			13.			<i>F</i>	ADDITIONS/CHANGES T	O OFFICERS A			Addition
TITLE	PCD		☐ DELETE	. 1.	1 TITLE		[	D			☐ Ch	ange	Addition
NAME	GOCHMAN, DAVID			1.3	2 NAME		Г	Drew	Alexander				
STREET ADDRESS	1800 NORTH MASON ROAD			1.	.3 STREET	T ADC	20000		Citadel Plaza	Dr			
CITY-ST-ZIP	KATY TX			1.	4 CITY-S1	T-ZIF	. 1 -						
TITLE	VD		☐ DELETE	2.	1 TITLE		i		ton, TX 77009	,	Ch	ange	☐ Addition
NAME				2 NAME		"	D						
1 1	ACCO MODELLA MOON DOAD				TADDRESS Bob Zincke								
STREET ADDRESS								16770 Imperial Valley Dr.					
CITY-ST-ZIP	KATY TX		☐ DELETE		. 4 CITY- S	1-ZI	F I	Hous	ton, TX 77060	)		ange	Addition
TITLE	S CARDEDA OVIVA		DECETE					V	· ·		_,		
NAME	BARRERA, SYLVIA				2 NAME		1	•	a Rubalcava		(X)	Del	ate
STREET ADDRESS	1800 NORTH MASON ROAD			3.	.3 STREET	T ADC	/NEGO		a Kubaicava N. Mason Road	3	ست		
CITY-ST-ZIP	KATY TX				.4. CITY-S	T-ZI	۲ I -						
TITLE	D		DELETE	4.	.1 TITLE		1	Katy	TX 77449-28	520	□) Ch	ange	☐ Addition
NAME	GOCHMAN, ARTHUR			4.	. 2 NAME								
STREET ADDRESS	1800 NORTH MASON ROAD			4.	.3 STREET	TADO	ORESS						
C/TY-ST-Z/P	KATY TX			4.	4 CITY-ST	T-ZiF	,						
TITLE	D		▼ DELETE	_	.1 TITLE						☐ Ch	ange	☐ Addition
NAME	POWELL, AL		4*	5.	2 NAME								
Į Į	1800 NORTH MASON ROAD			5	.3 STREET	TADO	DRESS						
STREET ADDRESS	KATY TX				.4 CITY-S1								
CITY-ST-ZIP	D D		☐ DELETE		.4 CITTLE	, - ZJF	-				Ch	ange	Addition
TITLE	_		□ DECE IE	ı	.2 NAME								ا العدادات
NAME	JANIK, LORETTA			4	_								
STREET ADDRESS	1800 NORTH MASON ROAD				3 STREET		1						
CITY, ST. 7ID	KATY TX			6.	4 CITY-S1	T- 21F	,						

14. I 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04/27/99

(281) 646-5200

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