FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:57

DOCUMENT # **N35819** **(4)**

1. Corporation Name

AMERICAN COMPOSITES MANUFACTURING LEARNING CENTE R, INC.

Principal Place of Business	Mailing Address
% JOHN J. MORENA SAND PEBBLE TRACE - 4540 BLDG. 7-104 STUART FL 34996	425 CALIFORNIA AVE STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-3006186 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MORENA, JOHN J.
SAND PEBBLE TRACE, 4540 BLDG. 7-104
HUTCHINSON ISLAND
STUART FL 34996

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	DP	1.1 TITLE	CHAIRMAN/DIRECTOR	☒ Change ☐ Addition
NAME	PIZO, DIANE	1.2 NAME	JOHN J. MORENA	
STREET ADDRESS	4540 SANDPEBBLE TRACE	1.3 STREET ADDRESS	4540 SANDPEBBLE TRACE #104	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	S	2.1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☒ Addition
NAME	PIZO, DIANE	2.2 NAME	RAINER MEINKE	
STREET ADDRESS	4540 SAND PEBBLE TRACE	2.3 STREET ADDRESS	604 FALLWHEAT DRIVE	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	DESOTO, TX. 75115	
TITLE	D	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MORENA, JOHN J., JR.	3.2 NAME	DIANE PIZO MORENA	
STREET ADDRESS	50 CLARK STREET	3.3 STREET ADDRESS	4540 SANDPEBBLE TRACE #104	
CITY-ST-ZIP	NORTH BRENTWOOD NY	3.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MORENA, JOHN J.	4.2 NAME	PATRICIA ANNE SHELDON	
STREET ADDRESS	4540 SAND PEBBLE TRACE	4.3 STREET ADDRESS	1102 PASSI-A-GRILL	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33706	
TITLE		5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		5.2 NAME	RICHARD SULLIVAN	
STREET ADDRESS		5.3 STREET ADDRESS	408 SHORE ROAD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OAKDALE, NY 11769	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN J. MORENA DIRECTOR 3/25/95 407-288-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #