## FILED Mar 29, 2002 8:00 am

1. Entity	CUMENT # P01000076130 IN Name ACADEMY OF WEST PALM BEACH, INC.				Secretary of State 02-12-2002 90053 028 ***150.00		
3138 CO SUITE 7 COCONU	NUT GROVE FL 33133 COCONUT GROVE FL 33133						
1006	Pal Place of Business  Talm Beach danes Blvd.  Apt. #, etc.  3. Mailing Address T. O. Box. 331041  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City &	# 303 State City & State		<del></del>	4.	4. FEI Number Applied For		
Vezi 33	Reim Bocic H. Tha.  109 Country U.S.a.	Zip 333333	Country U.S.C.	5.	Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		<b>-7</b> -1	Name and Address of New Registered	Agent	
	PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
8. The ab	bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATU	IRE Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signs	ture required when a	elnetating) DATE		
Taxil	corporation is eligible to satisfy its Intangible filing requirement and elects to do so.  criteria on back)  FILE NOW!!! FEE IS  After May 1, 2002 Fee will  Make Check Payable to Depa			550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADURE CHY-ST-ZP	OFFICERS AND DI STEELE, JOHN JR. 3138 COMMODORE PLAZA #7 COCONUT GROVE FL 33133	RECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEELE	DITIONS/CHANGES TO OFFICERS AND JOHN JR. JOHN JR. JOHN JR. T GROVE, FLA. 33133	DIRECTORS IN 11 Cy Change Addition Change Addition	
TITLE NAME STREET ADORI CITY-ST-ZP	ESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRE CITY-ST-28	FSS.	☐ Delete	TITLE NAMESTREET ADDRESS_ CITY-ST-ZIP			☐ Change ☐ Addition	
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TITLE NAME STREET ADORE CITY-ST-ZP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
of the chang	by certify that the information supplied with the ted on this report or supplied entitle port is tructor or the receiver of tuystee empowered, or on an attachment with an address with a different portion of the receiver of the second of the second or on an attachment with an address with a second or on an attachment with an address with a second or on an attachment with an address with a second or on a secon	de and accurate and that my gred to execute this report as all other like empowered.	signature shalf h required by Cha	ave the came k	anal attact ne if mada wadar aath, that I ar	m nn officer er diroctor )	