

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000018147 (5)

1. Corporation Name

AMERICANA SCHOOLS SYSTEMS, INC.

Principal Place of Business

20 S.W. 12TH AVE.
DEERFIELD BEACH FL 33441

Mailing Address

20 S.W. 12TH AVE.
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number

65-0563314

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 2745 West Hillsboro Blvd

Suite, Apt. #, etc.

22 Deerfield Beach, FL 33442

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 2745 West Hillsboro Blvd

Suite, Apt. #, etc.

27 Deerfield Beach, FL 33442

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SOLLENBERGER, SAM

20 S.W. 12TH AVE.

DEERFIELD BEACH FL 33441

81 Name

Sam Sollenberger

82 Street Address (P.O. Box Number is Not Acceptable)

2745 West Hillsboro Boulevard

83

Deerfield Beach

84

City

FL

85 Zip Code

33442

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 Sam Sollenberger

January 19, 1998

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTV ☐ DELETE

NAME SOLLENBERGER, SAM

STREET ADDRESS 20 S.W. 12TH AVE.

CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☐ DELETE

NAME SOLLENBERGER, SAM

STREET ADDRESS 20 S.W. 12TH AVE.

CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTV ☐ Change ☐ Addition

1.2 NAME SOLLENBERGER, SAM

1.3 STREET ADDRESS 2745 West Hillsboro Boulevard

1.4 CITY-ST-ZIP Deerfield Beach, Florida 33442

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Sam Sollenberger

2.3 STREET ADDRESS 2745 West Hillsboro Boulevard

2.4 CITY-ST-ZIP Deerfield Beach, Florida 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 1998 (954) 421-8400

CR2E034 (10/97)