

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000022912 (6)**

1. Corporation Name

ACADEMIC ACHEIVMENT PROGRAM, INC.



Principal Place of Business

**2465 TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address

**2465 TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**LANCASHIRE, LYNN D
2465 TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FET Number

59-3301911

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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

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 607.0302 and 607.1504, 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 607.0301, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	D LANCASHIRE, LYNN D	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	2465 TAMAMI TRAIL	
12.3	CITY, ST, ZIP	PORT CHARLOTTE FL 33952	
12.4	TITLE		<input type="checkbox"/> DELETE
12.5	NAME		<input type="checkbox"/> DELETE
12.6	STREET ADDRESS		
12.7	CITY, ST, ZIP		
12.8	TITLE		<input type="checkbox"/> DELETE
12.9	NAME		<input type="checkbox"/> DELETE
12.10	STREET ADDRESS		
12.11	CITY, ST, ZIP		
12.12	TITLE		<input type="checkbox"/> DELETE
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS	
13.3	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	TITLE	
13.5	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	STREET ADDRESS	
13.7	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	TITLE	
13.9	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	STREET ADDRESS	
13.11	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12	TITLE	
13.13	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	STREET ADDRESS	
13.15	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.041(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or the owner or trustee empowered to execute this report as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or on an addition form with an address.

SIGNATURE: X

Lynn D. Lancashire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn D. Lancashire 624-4885
79196

CR2E034 (12/95)