

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000060559 (8)

1. Corporation Name
ACADEMY OF EXCELLENCE, INC.



Principal Place of Business
521 ASHLEY STREET
JACKSONVILLE FL 32209

Mailing Address
521 ASHLEY STREET
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/07/1995		01/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3336341		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

PARKER, AVA L
112 WEST ADAMS STREET
SUITE 1814
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED		1.1 TITLE	Change	Addition	
NAME	ROSE, LAURA Z			1.2 NAME			
STREET ADDRESS	521 W. ASHLEY ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202			1.4 CITY-ST-ZIP			
TITLE	D	DELETED		2.1 TITLE	Change	Addition	
NAME	CUMMINGS, FRANK C BISHOP			2.2 NAME			
STREET ADDRESS	40 EAST STATE ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202			2.4 CITY-ST-ZIP			
TITLE	D	DELETED		3.1 TITLE	Change	Addition	
NAME	HARTSFIELD, GEORGE			3.2 NAME			
STREET ADDRESS	1456 VAN BUREN ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32206			3.4 CITY-ST-ZIP			
TITLE		DELETED		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETED		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 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 REQUIRED

LAURA Z ROSE 8/11/97 (9/14/97 353-7700)

CR2E034 (4/97)