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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000098071 (0)

ACADEMIE DAVINCI, INC.

Principal Place of Business Mailing Address						### 10100 #0H1 10HH 16804 4 10
1380 PINEHURST ROAD DUNEDIN FL 34698		1380 PINEHURST ROAD DUNEDIN FL 34698		DO NOT WRITE IN	THIS SPACE	
ĺ					3. Date Incorporated or Qualified	
					12/22/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		<u>59-3362328</u>	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 Oh. P. Stole		[27]			Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip Country		Zip Country				
24	25 29		30	C. This corporation office of heat paid the carrett your mitten		_ · ~ ·
	g. Name and Address of Curr		100		10. Name and Address of New Regist	
FERNANDEZ, MELANIE				Name		
1380 PINEHURST ROAD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
DUNEDIN FL 34698			[5.	directric	Torota (1.0. Dox Harrison la Hot / Gaoptable)	
			83	3		
			84	City		85 Zip Code
44 0 000000	to the manufactor of Continue COZ O	(00 and 007 1500 Florida Cirk	the sharps		The Share of the S	FL S Z D OOG
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.						
agent. La	m familiar with, and accept the obl	igations of, Section 607.0505, F	iorida Statute	is.		
SIGNATURE	Signature, typical or printed name of registered	suggest and title if applicable (NO	1F Registered Ar	ent signature rec	quired when reinstating)	DATE
12.		ND DIRECTORS	13.	, or	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE 1.1				Change Addition
NAME	· · · · · · · · · · · · · · · · · · ·		1.2 NAME			
STREET ADDRESS 1791 ROYAL OAK PLACE V		EST 1.3 STREET ADDRESS				
CITY-\$1-ZiP	DUNEDIN FL 34698		1.4 CITY-	ST-ZIP		
TITLE	□ ÖELĒTE 2		2.1 711(E	- }		Change Addition
NAME			2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		T becer	2. 4 City-St-ZiP			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME	- 1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE			3.4. CITY -	ST-ZIP		Change Addition
NAME			4.2 NAMI			C outings C Addition
STREET ADDRESS			4.3 STREE	T ADDRESS		1
CITY-ST-ZIP TITLE	······································		5.1 TITLE	31-ZIF		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	1		İ
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	[
STREET ADDRESS			1	r address		

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 trusted 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. rernandez anie