

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

FILED  
May 15 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 # **P96000073306**  
1. Corporation Name  
**Academy Entertainment Group, Inc.**

Principal Place of Business: **8049 Antibes Ct. Orlando, FL 32825**  
Mailing Address: **P.O. Box 532011 Orlando, FL 32853**

2. Principal Place of Business: **6002 Jennings Dr.**  
2a. Mailing Address: **6002 Jennings Dr.**  
21. Suite Apt # etc: **6002 Jennings Dr.**  
22. City & State: **Orlando, Florida**  
23. Zip: **32808** Country: **Orange**  
24. Zip: **32808** 25. Country: **Orange** 29. Zip: **32808** 30. Country: **Orange**

3. Date Incorporated or Qualified: **August 29, 1996**  
3a. Date of Last Report: **August 29, 1996**  
4. FEI Number: **59-3395858**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**Franklin Craig Anglin  
7558 Suntree Circle Apt. 67  
Orlando, FL 32807**

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 607.0502 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: **Franklin Craig Anglin** President Date: **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Franklin Craig Anglin	
STREET ADDRESS	7558 Suntree Circle Apt 67	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> DELETE
NAME	John Anderson	
STREET ADDRESS	8049 Antibes Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	Vice President/Education	<input type="checkbox"/> DELETE
NAME	Shane Lord	
STREET ADDRESS	2535 S. Semoran Blvd. Apt 1626	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	Vice President/Treasurer	<input type="checkbox"/> DELETE
NAME	David Van Houtte	
STREET ADDRESS	6002 Jennings Dr	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	David Van Houtte	
13 STREET ADDRESS	6002 Jennings Dr.	
14 CITY-ST-ZIP	Orlando, FL 32808	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*165.00

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: **Franklin Craig Anglin** President Date: **4/28/97** (407) 570-6666

CR2E034 (9/96)