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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000079295 (7)

INTERNATIONAL CENTER FOR ACHIEVEMENT, INC.

Mailing Address

## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business 4233 RIVERVIEW BOULEVARD 4233 RIVERVIEW BOULEVARD **BRADENTON FL 34209 BRADENTON FL 34209** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1996 Principal Place of 3 Mailing Address FEI Number Applied For 5500 65-0697856 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be DENTON DENTON Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TROESCH, JEFFREY P **4233 RIVERVIEW BOULEVARD** Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 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 amilia with ord accept the appointment as registered agent. I am amilia with ord accept the appointment as registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applic 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITT F Change TROESCH, JEFF 1.2 NAME 4233 RIVERVIEW BLVD. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Addition NAME 2.2 NAME STREET ADDRESS. 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 31 TM F Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

941 755 1000