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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031391 (0)

AMERICAN CAREER, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



495 SOUTH NOVA ROAD ORMOND BEACH FL 32174				495 SOUTH NOVA ROAD ORMOND BEACH FL 32174							DO NO	ot writi	E IN TI	HIS SP.	ACE	
								1		corpora //1997	ted or C	Qualified				
2. Principal Place of Business				2a. Mailing Address 2c. 444 Seabreeze Blvd				4.	4. FEI Number 59-3480986							pplied For
444 Seabreeze Blvd				[20]					59-	-348	098	b				lot Applicable
Suite, Apt. #, etc. 22 Suite # 635				Suite. Apt. #, etc. 27 Suite # 635				5. (Certific	ate of St	atus De	esired				Additional Required
		Beach, FL	• 28	l . — — — — — — — — — — — — — — — — — —			FL.			Campa und Cor	-	_				May Be I to Fees
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		and Address of Cu	irrent Regi	stered Agent				10.	Name (and Add	iress o	f New R	egiste	red Ag	ent	
	lden, hen	• • • • • • • • • • • • • • • • • • • •				81	Name									
500 SCOTT DRIVE ORMOND BEACH FL 32174							82 Street Address (P.O. Box Number is Not Acceptable) 83									
<u> </u>						84	City							FL	'	Code
11. Pursuant to office or reagent. I as	to the provisi egistered ag m familiar wi	ons of Sections 607 ent, or both, in the S th, and accept the c	.0502 and (State of Flor obligations o	607.1508, Florida Statu ida. Such change was of, Section 607.0505, F	ites, the authoriz lorida St	above ed by atutes.	named of the corpo	corporation oration's bo	submit oard of	s this st director	atemen s. I here	t for the eby acce	purpos pt the	se o f cl appoir	nanging ntment a	its registered s registered
SIGNATURE																
	Signature typed	or printed name of registers					nt signature re	equired when re	·				DA			
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14. 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 or an attribute with an address.

OLONIA TUBE

VANCE L. TYLER

4/17/98 90

904-258-0087