

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

FILED

**May 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063700 (3)
 1. Corporation Name
ACADEMIC ACHIEVERS OF AMERICA, INC.



Principal Place of Business 251 WESCLIFF DRIVE OCOEE FL 34761	Mailing Address 251 WESCLIFF DRIVE OCOEE FL 34761
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 955 State Rd. 434 N. Suite, Apt. #, etc 22 308 City & State 23 Altamonte Springs, FL Zip 24 32714	2a. Mailing Address 26 PO Box 1159 Suite, Apt. #, etc. 27 City & State 28 Windermere, FL Zip 29 34786
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3. Date Incorporated or Qualified 07/23/1997	4. FEI Number 59-3458853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**KRUPPENBACHER, FRANK
 105 E ROBINSON ST, SUITE 201
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name Brenda P. Crenshaw
82 Street Address (P.O. Box Number is Not Acceptable) 251 Wescliff Drive
83
84 City Ocoee
85 State FL
86 Zip Code 34761

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: *Frank Kruppenbacher* DATE: **4/30/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRENSHAW, BRENDA P	
STREET ADDRESS	251 WESCLIFF DRIVE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Walter H. Crenshaw
2.3 STREET ADDRESS	251 Wescliff Drive
2.4 CITY-ST-ZIP	Ocoee, FL 34761
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP Walter H. Crenshaw III
3.3 STREET ADDRESS	251 Wescliff Drive
3.4 CITY-ST-ZIP	Ocoee, FL 34761
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ST Bridgette Honahan
4.3 STREET ADDRESS	251 Wescliff Drive
4.4 CITY-ST-ZIP	Ocoee, FL 34761
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *Brenda P. Crenshaw* DATE: **4-1-98 (407) 777-2232**

CR2E034 (10/97)