

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000076530 (9)**  
1. Corporation Name  
**AMERICANA COLLEGE PREPARATORY SCHOOL, INC.**



Principal Place of Business  
~~20 SW 12 AVE~~  
DEERFIELD BEACH FL 33442

Mailing Address  
~~20 SW 12 AVE~~  
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2745 W Hillsboro Blvd</b> Suite, Apt. #, etc. 22 <b>Deerfield Beach, FL 33442-7906</b> City & State 23 Zip Country 24 25		2a. Mailing Address 26 <b>2745 W Hillsboro Blvd</b> Suite, Apt. #, etc. 27 <b>Deerfield Beach, FL 33442-7906</b> City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>08/29/1997</b>	
		4. FEI Number <b>59-2136556</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SOLLENBERGER, SAM</b> <del>20 SW 12 AVE</del> DEERFIELD BEACH FL 33442		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2745 W Hillsboro Boulevard</b> 83 <b>Deerfield Beach</b> 84 City 85 Zip Code <b>FL 33442-7906</b>	
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11. Pursuant to the provisions of Sections 607.0507 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 **Dr Sam Sollenberger** (NOTE: Registered Agent signature required when reinstating) DATE **1/31/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLLENBERGER, SAM</b>	1.2 NAME	
STREET ADDRESS	<del>20 SW 12 AVE</del>	1.3 STREET ADDRESS	<b>2745 W Hillsboro Boulevard</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	1.4 CITY-ST-ZIP	<b>Deerfield Beach, Florida 33442-7906</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Dr Sam Sollenberger** Janaury 31, 1998 (954)421-8400

CR2E034 (10/97)