

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morf  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S01611 (0)  
1. Corporation Name  
ACHIN & ASSOCIATES, INC.



Principal Place of Business Mailing Address  
5921 NORTHEAST 21ST CIRCLE 5921 NORTHEAST 21ST CIRCLE  
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-250

3. Date Incorporated or Qualified 09/21/1990 3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 29 City 30

4. FEI Number 65-0227957 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

ACHIN, FREDERICKA F.  
5921 NORTHEAST 21ST CIRCLE  
FORT LAUDERDALE FL 33308

1 Name  
2 Street Address (P.O. Box Number is Not Acceptable)  
3  
4 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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1E		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACHIN, HORACE J.			ME			
STREET ADDRESS	5921 NORTHEAST 21ST CIR.			REET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL			Y - ST - ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		2E		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACHIN, FREDERICKA F.			ME			
STREET ADDRESS	5921 NORTHEAST 21ST CIR.			REET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL			ITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3E		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				ME			
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				TY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4E		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				ME			
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				ITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5E		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				ME			
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				ITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6E		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				ME			
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				ITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for 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, 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: *Fredericka F. Achin* 2-15-97 (954) 776-6172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DOR Date Daytime Phone #

CR2E034 (9/96)