

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FLORIDA
 CORPORATION
 ANNUAL REPORT
 1995



STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA 32312

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 29 AM 8:15

DOCUMENT # S18507 (1)

1. Corporation Name
 ACHIEVEMENT SYSTEMS ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 2908 ABBOTSFORD WAY TALLAHASSEE FL 32312		Mailing Address 2908 ABBOTSFORD WAY TALLAHASSEE FL 32312		3. Date Incorporated or Qualified 12/14/1990	3a. Date of Last Report 06/30/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3041083		Applied For Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip	28. Country	29. Zip		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

KELLER, BONNIE H.
 2908 ABBOTSFORD WAY
 TALLAHASSEE FL 32312

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 officer 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BONNIE H.	1.2 NAME	
STREET ADDRESS	2908 ABBOTSFORD WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JOHN M.	2.2 NAME	
STREET ADDRESS	2908 ABBOTSFORD WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bonnie H. Keller* 6/27/95 904-385-8310
 SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Date Daytime Phone
Bonnie A. Keller

CR2E034 (3/95)