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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$67260 (7) STRATEGIES FOR ACHIEVEMENT, INC. Principal Place of Business Mailing Address 3600 W CLEVELAND ST 3609 W CLEVELAND ST TAMPA FL 33609-2809 **TAMPA FL 33609** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1991 04/25/1996 2. Principal Place of Business 28. Mailing Address FEI Number Applied For 59-3073101 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 29 Florida Statutes 24 25 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 61 Name ZABALDO, JOANNE B. 3609 W CLEVELAND ST **B2** Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. Change DPS DELETE Addition THLE 1.1 TITLE ZABALDO, JOANNE B. CR2E034 1.2 NAME NAME 3809 W CLEVELAND ST 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ZABALDO, DENNIS 22 NAME NAME 3609 W. CLEVELAND ST STREET ADDRESS 23 STREET ADDRESS TAMPA FL 2 4 City-St-ZIP DITY-ST-ZIP DELETE Addition Channe 31 TITLE TITLE 3.2 NAME NAME

6.4 CITY - ST-ZIP to hereby certify that the information supplied with this filling 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 of 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

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STREET ADDRESS

STREET ADDRESS C(11/-S1-2)P

STREET ADDRESS

STREET ADDRESS

CITY- \$1-26

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

JOANNE ZABALDO

813-875-8820

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 11 1997 8:00am

Secretary of State