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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 403863

1. Corporation Name

(4)

ACTION AMERICA CORPORATION

FILED	
May 07 1997 8:00am	l
Secretary of State	

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Principal Place of Bu		Mailing Address							
5643 N.W. 36TH STRE P.O. BOX 660517	ET	5643 N.W. 36TH STF P.O. BOX 660517	REET						
MIAMI SPRINGS FL 3	3166	MIAMI SPRINGS FL	33186-5854						
			- "			3. Date Incorporated or Qualified 06/27/1972	3a. Date of 04/02/1		port
2. Principal Prace of	Business	2a. Mailing Address	3			4. FEI Number	• · · · · · · · · · · · · · · · · · · ·	Apı	olied For
21		26				59-1410591		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	C.		•	6. Certificate of Status Desired			dditional
22		27					· · · · · · · · · · · · · · · · · · ·	Fee Re	
City & State		City & State				6. Election Campaign Financing		5.00	
23	Country	28		intry	,	Trust Fund Contribution		Added to	
Zip	Country	Zip		ıı ıu y		This corporation has liability for in Florida Statutes	tangible tax υ l Yes □ Νο		199.032,
24	25 Name and Address of Cur	29 rent Registered Agent	30	1		10. Name and Address of New Reg			
ADKINS, I			***************************************	81	Name				
	. 36TH STREET						<u> </u>		
	RINGS FL 33166			82	Street Add	fress (P.O. Box Number is Not Acceptable	e)		
MPMI OF	NINGS FL 33100			83					
				84	City		FL B5	Zip C	ode
11 Durament to the	provisions of Sections 607 (1502 and 607 1508 Florida	Statutes the a		e-hamed cor	poration submits this statement for the pr		naina its	registered
office or register	red agent, or both, in the St	ate of Florida. Such change	was authorize	d bı	/ the corpora	ation's board of directors. I hereby accept	the appointm	ient as i	egistered
agent i amitami	iliar with, and accept the ob	ligations of, Section 607.05	05, Florida Stal	tutes	S .				
SIGNATURE	e, typed or proted name of registered	account and tallo if manufacture	INOTE Projetore	d 800	M signat wa	sired when reinstating)	DATE		
12.		AND DIRECTORS	13.	u Aye	ou eignature redu	ADDITIONS/CHANGES TO OFFICE		FCTOR	S IN 12
TITLE PD	011100101	DELET		TLE				Change	Addition
	(INS, MICHAEL	*****	1.2 N		1			-	
	3 NW 36 ST.				AODRESS				
	MI SPRG FL				ST-ZIP				
TITLE		DELET						Change	Addition
NAME			2.2 N		Í				
STREET ADORESS					ADDRESS	•			
CRY-S1-ZV					ST-ZIP	• •			
TIRE		DELE						Change	Addition
NAM:			3.2 N					•	
STREET ADDRESS					ADDRESS				
CHTY - ST - ZIP			l l		ST-ZIP				
TIFLE		DELET						Change	Addition
NAME			4.21					•	
STREET ADDRESS			- 1		ADDRESS				
CITY- ST-ZIF					ST-ZIP				
THE		DELET						Change	Addition
NAME			5.2 N						
STREET ADORESS					ADDRESS				
Crty-St-7IP					ST-ZIP				
TITLE		DELE						Change	Addition
NAME		*****	6.2 N					•	
STREET ADDRESS					ADDRESS				
					51-7IP				
Ciliri-Sti-ZiF 14. I do hereby cert	ify that the information suor	blied with this filing does not				ed in Section 119.07(3)(i). Florida Statutes	. I further cert	ify that	ihe

If do necesy certify that the information supplied with his hing does not qualify for the exemption stated in section 1190 (5)(f), rional statutes, it further events that intermation 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/8820540 Davine Proce