


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90231 046 \*\*\*\*61.25

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|---|--|---|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                               |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 703211</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>ACT, CORP.</b>                                      |  |   |   |   |  |
| Principal Place of Business<br>1220 WILLIS AVE<br>DAYTONA BEACH FL 32114-2810 |  |   | Mailing Address<br>1220 WILLIS AVE<br>DAYTONA BEACH FL 32114-2810 |   |  |



|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                         |  |
| 21                             |  | 26                  |  | 11/17/1961  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 59-0976866  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |  | 28                  |  | \$8.75 Additional Fee Required                            |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing                            |  |
| 24                             |  | 29                  |  | Trust Fund Contribution <input type="checkbox"/>          |  |
| Country                        |  | Country             |  | 30  |  |
| 25                             |  | 30                  |  | \$5.00 May Be Added to Fees                               |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                         |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| COBLE, KERMIT J.<br>511 NORTH OLEANDER AVENUE<br>DAYTONA BEACH FL 32014 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 85 Zip Code   |  |  |  |
|   |  |  |  | FL  |  |  |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                          |  |  |   |                            |  |                                   |
|----------------------------|--------------------------|--|--|---|----------------------------|--|-----------------------------------|
| 12. OFFICERS AND DIRECTORS |                          |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |  |                                   |
| TITLE                      | PD                       | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | D                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | DUNN, LUCKEY M.D.        |  |  | 1.2 NAME  |                            |  |                                   |
| STREET ADDRESS             | 155 S HALIFAX AVE        |  |  | 1.3 STREET ADDRESS                                    |                            |  |                                   |
| CITY-ST-ZIP                | DAYTONA BEACH FL         |  |  | 1.4 CITY-ST-ZIP                                       |                            |  |                                   |
| TITLE                      | D                        | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   |                            | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | SESSION, WILLIE MAE      |  |  | 2.2 NAME  |                            |  |                                   |
| STREET ADDRESS             | 1108 LAKEWOOD PARK DR    |  |  | 2.3 STREET ADDRESS                                    |                            |  |                                   |
| CITY-ST-ZIP                | DAYTONA BCH FL 32117     |  |  | 2.4 CITY-ST-ZIP                                       |                            |  |                                   |
| TITLE                      | VD                       | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | P                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LAROSA, PETER            |  |  | 3.2 NAME  | LAROSA, PETER              |  |                                   |
| STREET ADDRESS             | 1825 WHIPPOORWILL LANE   |  |  | 3.3 STREET ADDRESS                                    | 1825 WHIPPOORWILL LANE     |  |                                   |
| CITY-ST-ZIP                | DELAND FL                |  |  | 3.4 CITY-ST-ZIP                                       | DELAND, FL                 |  |                                   |
| TITLE                      | D                        | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE   | VD                         | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HILLS, RICHARD, REVEREND |  |  | 4.2 NAME  | CHAPPELLE, LOIS            |  |                                   |
| STREET ADDRESS             | 892 DELTONA BLVD         |  |  | 4.3 STREET ADDRESS                                    | 65 CROOKED PINE ROAD       |  |                                   |
| CITY-ST-ZIP                | DELTONA FL               |  |  | 4.4 CITY-ST-ZIP                                       | PORT ORANGE, FL 32124      |  |                                   |
| TITLE                      | D                        | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE   | D                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SCHAEFFER, DEANNA        |  |  | 5.2 NAME  | BENEDICT, JOSEPH           |  |                                   |
| STREET ADDRESS             | 111 N FREDERICK AVE      |  |  | 5.3 STREET ADDRESS                                    | P.O. BOX 10809             |  |                                   |
| CITY-ST-ZIP                | DAYTONA BEACH FL 32114   |  |  | 5.4 CITY-ST-ZIP                                       | DAYTONA BEACH, FL 32120    |  |                                   |
| TITLE                      | D                        | <input checked="" type="checkbox"/> DELETE |  | 6.1 TITLE   | D                          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ZIMNY, ANNA              |  |  | 6.2 NAME  | KELLY, THOMAS              |  |                                   |
| STREET ADDRESS             | 1401 MEADOW LARK DR      |  |  | 6.3 STREET ADDRESS                                    | 89 S. ATLANTIC AVE., #1004 |  |                                   |
| CITY-ST-ZIP                | DELTONA FL               |  |  | 6.4 CITY-ST-ZIP                                       | ORMOND BEACH, FL 32176     |  |                                   |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)