

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90064 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H73986

1. Corporation Name
ACTION NISSAN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2830 N ORANGE BLOSSOM TR. P. O. BOX 422739 KISSIMMEE FL 34742-9739	Mailing Address 2830 N ORANGE BLOSSOM TR. P. O. BOX 422739 KISSIMMEE FL 34742-9739
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3. Date Incorporated or Qualified 08/29/1985	
4. FEI Number 59-2602076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12801 S. ORANGE BLOSSOM TR.	2a. Mailing Address 26 12801 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip Country 24 32837 25 USA	Zip Country 29 32837 30 USA

9. Name and Address of Current Registered Agent NERO, WILLIAM A 2830 N ORANGE BLOSSOM TR KISSIMMEE FL 34744	10. Name and Address of New Registered Agent 81 Name - SAME NAME - 82 Street Address (P.O. Box Number is Not Acceptable) 12801 S. ORANGE BLOSSOM TRAIL 83 84 City ORLANDO FL 85 Zip Code 32837
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	WILLIAMSON, JOSEPH M.
STREET ADDRESS	2830 N ORANGE BLOSSOM TR
CITY-ST-ZIP	KISSIMMEE FL
TITLE	DPTS <input type="checkbox"/> DELETE
NAME	NERO, WILLIAM
STREET ADDRESS	2830 N ORANGE BLOSSOM TR
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)