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

一面の出

FILED PROFIT FLORIDA DEPARTMENT OF STATE Apr 22 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L84956 (6)ACTION DEVELOPMENT ASSOCIATES, INC. Principal Place of Business Mailing Address 4700 HIATUS ROAD 4700 HIATUS ROAD #357 DO NOT WRITE IN THIS SPACE SUNRISE FL 33351 SUNRISE FL 33351 3. Date Incorporated or Qualified 07/03/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0197198 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Added to Fees 23 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAINSBURY, PETRINA 4421 **N**W 70TH AVE Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 Zip Code and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Libertian Such Plange was authorized by the corporation's board of directors. I hereby accept the appointment as registered his of, Sector 607,0505, Florida Statutes. Pursuant to the provisions of Sections 607 0502 office or (egistered agent, or both, in the State of agent. I am familiar with, and accept the obligat PETRINA SAINSBURY **SIGNATURE** and seed applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 11 TITLE TITLE **SAINSBURY, PETRINA** NAME 1.2 NAME 4421 NW 70TH AVE STREET ADDRESS 1.3 STREET ADDRESS **LAUDERHILL FL 33319** 1.4 C(TY - ST - Z(P CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - ST - ZiP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 or the receiver or this section 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 this section 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 this section 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 this section 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 this section 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 of the same shall be accurate and that my signature shall be accurate.