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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90021 009 ***158.75

DOCUMENT # L84956							
1. Corporation Name ACTION DEVELOPMENT ASSOCIATES, INC.							
ACTION DEVELOTIMENT ASSOCIATES, INC.					FORESTER OF REPORT OF STATE OF		
Principal Place of Business Mailing Address					I (BEDIGO)) ÖDI IBILI BIBID IDIDI DIIKO DIKI DIAN	i a:0() bioli 8 (0() 0	U 1 U 1
4700 HIATUS ROAD 4700 HIATUS ROAD							
#357 #357					50 MOT MOTE WATER	0.00105	
SUNRISE FL 33351 SUNRISE FL 33351 US US					DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	S SPACE	
					07/03/1990		
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21 26					65-0197198	No	t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 27						Fee Re	·
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip				1	8. This corporation owes the current year l		D Fees
24	25 29 30				Personal Property Tax.		□No
,	9. Name and Address of Currer				10. Name and Address of New Registere	d Agent	
0.416	IODUDY DETRINA		81	Name			1
	ISBURY, PETRINA		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
4421 NW 70TH AVE LAUDERHILL FL 33319			_				
LYODEHUITE LE 22218			83		•		
			84	City		85 Zip C	ode
FL 09 Zip							registered
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.							
	1011	pons of, Section 607.0509, Fion	7		A SAINSBURY 1/19	199	
SIGNATURE	Ignature, typed or printed name of registered ages	nt and title if applicable. (NOTE: f	Registered Agen	t signature require	ad when reinstating) / DATE	/ 	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P P	DELETE 1/				Change	Addition
NAME			1.2 NAME				
STREET ADORESS	4421 NW 70TH AVE	LAUDEDING EL COCA		ADDRESS			İ
CITY-ST-ZIP TITLE			1.4 CITY-ST 2.1 TITLE	1-219	"	☐ Change	Addition
NAME			2.2 NAME	-	•		
STREET ADDRESS			2.3 STREET	ADDRESS	.,		. †
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	₩ .	-	-
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			T Large
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST 5.1 TITLE	1-411		☐ Change	Addition
NAME		_ : ::: :	5.2 NAME			_ •	- 1
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP			5.4 CITY-S1	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		, 1e		
STREET ADDRESS			6.3 STREET				
			CACITY CI	. 710			

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/s 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:

TETRINA

1/19/99

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