

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90057 016 ***150.00

DOCUMENT # P00000102076

1. Entity Name

ACTION TECHNOLOGIES GROUP INC

Principal Place of Business Mailing Address
 10000 NW 53RD STREET
 SUNRISE FL 33351

770735

2. Principal Place of Business 3. Mailing Address
 10000 NW 53RD ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *SUNRISE FL* City & State
 4. FEI Number *65-106737* Applied For
 Not Applicable
 Zip *33351* Country *BROWARD* Zip Country
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL + UTRERA PA
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name *GEORGE H HOGGE TR*
 Street Address (P.O. Box Number is Not Acceptable)
10000 NW 53RD ST
 City *SUNRISE* FL Zip Code *33351*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *George Hogge*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <i>SION AMY H</i> <i>8921 W OAKLAND PH BLVD</i> <i>SUNRISE FL 33351</i>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JD</i> <i>THOMAS COLLAINE A</i> <i>8921 W OAKLAND PH BLVD</i> <i>SUNRISE FL 33351</i>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MS</i> <i>HOGGE VANESSA R</i> <i>8921 W OAKLAND PH BLVD</i> <i>SUNRISE FL 33351</i>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>J</i> <i>HOGGE GEORGE H TR</i> <i>8921 W OAKLAND PH BLVD</i> <i>SUNRISE FL 33351</i>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>SION STUART E</i> <i>8921 W OAKLAND PH BLVD</i> <i>SUNRISE FL 33351</i>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Hogge*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)