

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038917 (7)
1. Corporation Name

ACTION NORTH AMERICA, INC.



Principal Place of Business: 10805 WINTERVIEW DRIVE NAPLES FL 33942
Mailing Address: 10805 WINTERVIEW DRIVE NAPLES FL 33942

3. Date Incorporated or Qualified: 05/16/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0580635
Applied For: Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21. 6063 JAMES LANE, Suite, Apt. #, etc. Building, City & State: NAPLES, FL, Zip: 34109, Country: USA
2a. Mailing Address: 26. SAME, Suite, Apt. #, etc. [Blank], City & State: [Blank], Zip: [Blank], Country: [Blank]

9. Name and Address of Current Registered Agent: LOCKER, JOSEPH R JR., 2150 GOODLETTE ROAD, 6TH FLOOR, NAPLES FL 33940
10. Name and Address of New Registered Agent: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS
1. TITLE: V. President, NAME: Tammy DENARDIS, STREET ADDRESS: 6063 JAMES LANE, CITY-ST-ZIP: NAPLES, FL 34109
2. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
3. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
4. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
5. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
6. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
2. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
3. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
4. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
5. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
6. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
7. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
8. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
9. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
10. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
11. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
12. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
13. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
14. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
15. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
16. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
17. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
18. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
19. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
20. TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96 (941) 566-9666
CS 7/17/96
***225.00

CR2E034 (3/96)