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

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90002 031 ***150.00

DOCUMENT # P95000038917

ACTION NORTH AMERICA, INC.

	. ,						
Principal Place of Business Mailing Address						I I HIQI 10110 IBIDI	(IBH (BBI IBBI
6063 JANES LANE 6063 JANES LANE NAPLES FL 34109 NAPLES FL 34109							
W. 220 / 2 01100					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	•				05/16/1995		
2. Principal Place of Business 2a. Ma		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21		26			65-0580635	. No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8.75 Additional Fee Required	
	City & State				6. Election Campaign Financing	\$5.00	May Ro
23		28		Trust Fund Contribution Added to Fees			
Zip			Country	/	8. This corporation owes the current year in		r
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Г	10. Name and Address of New Registered	Agent	···-·
LOCKED TOGETHER ID				Name			
Locker, Joseph R Jr. 2150 Goodlette Road			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
6TH FLOOR			83				
NAPLES FL 33940						 	- ·
			84	City	FI	85 Zip (Code
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 eigent, op oth, both, bothe 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 Signature hereby accept and itself applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
				nt signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12. C			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
=			1.2 NAME				
NAME	ocivitor, ini			TADDUCCO			
STREET ADDRESS	, 0000 01 INCO 2 II IC			TADORESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	51-ZIP	<u> </u>	Change	Addition
			2.2 NAME				
NAME	Market, Maces			TADDRESS			
STREET ADDRESS			2.4 CITY-				
CITY-ST-ZIP	NAPLES PL	☐ DELETE	3.1 TITLE	51-ZIP		Change	Addition
I NAME	•		3.2 NAME				
i l				T ADORESS			
STREET ADDRESS	•		3.4. CITY-		•		
CITY-ST-ZIP		□ DELETE	4.1 TITLE	51-217		Change	Addition
NAME			4. 2 NAME				
]				T ADDRESS			
STREET ADDRESS			4.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE) :- LIF		Change	☐ Addition
"""			CO MANT			0-	_

6.4 CITY-ST-ZIP 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 suppliemental angular 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 charged, or on an attachment with an address, with all other like empowered.

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition