


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90106 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000068578

1. Corporation Name
ACTION JUMPS, INC.



Principal Place of Business 113 LONGHORN DRIVE APOPKA FL 32712	Mailing Address 113 LONGHORN DRIVE APOPKA FL 32712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1998	
21	26	4. FEI Number 59-3524547		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOUCHTON, MARK S 113 LONGHORN DRIVE APOPKA FL 32712				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE 3-29-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President Director	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark S. Touchton		1.2 NAME				
STREET ADDRESS	113 Longhorn Dr		1.3 STREET ADDRESS				
CITY-ST-ZIP	Apopka FL 32712		1.4 CITY-ST-ZIP				
TITLE	Sec. / Treas.	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynda A. Touchton		2.2 NAME				
STREET ADDRESS	113 Longhorn Dr		2.3 STREET ADDRESS				
CITY-ST-ZIP	Apopka FL 32712		2.4 CITY-ST-ZIP				
TITLE	Directors	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason A. Touchton		3.2 NAME				
STREET ADDRESS	113 Longhorn Dr		3.3 STREET ADDRESS				
CITY-ST-ZIP	Apopka FL 32712		3.4 CITY-ST-ZIP				
TITLE	Directors	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lyndsay N. Touchton		4.2 NAME				
STREET ADDRESS	113 Longhorn Dr		4.3 STREET ADDRESS				
CITY-ST-ZIP	Apopka FL 32712		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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 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: Mark S. Touchton **REQUIRED** Date: 3-29-99 Daytime Phone #: 407-880-2242

CR2E034 (1/98)