PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000068578

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90106 042 ***150.00

1. Corporation			•			}		
ACTION	JUMPS, INC.					The same of the same and the sa	4844 88118 BHB: 18181	enn (6221 (Bit insl
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Principal Place	e of Business	Ma	ailing Address			, , , , , , , , , , , , , , , , , , , ,		
113 LONGHORN	N DRIVE		LONGHORN DRIVE			1		
APOPKA FL 327	712	AP	OPKA FL 32712			DO NOT WRI	TE IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						08/01/1998		İ
			Marillan Address			4, FEI Number		Applied For
2. Principal Place of Business			2a. Mailing Address			59-35245	∢ካ ⊢	Not Applicable
Suite And the sta			Suite, Apt. #, etc.				\$8.7	5 Additional
Suite, Apt. #, etc.			7			5. Certificate of Status Desired	Fee	e Required
City & State			City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28	–			Trust Fund Contribution	Adk	led to Fees
Zip	Country		Zip	Count	ry	8. This corporation owes the curr	ent year Intançible	
24	25	29		30		Personal Property Tax.	Yes	⊠ No
***	9. Name and Address of Cur	rrent Regis	tered Agent			10. Name and Address of New I	Registered Agent	
				8	1 Name			
	ICHTON, MARK S			la la	12 Street A	ddress (P.O. Box Number Is Not Accept	abie)	
	LONGHORN DRIVE							
APO)PKA FL 32712			1	3			1
				١.	14 City		85	Zip Code
	·				1 - 7		FL	·
	to the assistance of Continue 607 (0502 and 6	OT AFOR FILLING CAME			omorphion submits this statement for the	purpose of changing	gits registered
11. Pursuant	to the provisions of Sections of A	V 30 Z 41 10 V	U7.1508, Piorida Statu	les, me suc	ve-nameu c	elicate board of directors. I became acres	at the annointment a	s registered l
						orporation submits this statement for the alicn's board of directors. I hereby acce	ot the appointment a	s registered
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob-					ation's board of directors. I hereby acce	of the appointment a	s registered
	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered	ide of Floric digations of	Section 607.0505, Fk	orida Statut	93.	pured when rengisting)	3-29-	99_
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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 ceth; 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.

SIGNAT	URE: