

**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

**FILED**  
**Mar 22 1999 8:00 am**  
**Secretary of State**

**DOCUMENT # P98000102110**

1. Corporation Name  
**ACTION LEASING COMPANY**



Principal Place of Business  
**401 EAST SEMORAN BLVD.  
CASSELBERRY FL 34707**

Mailing Address  
**401 EAST SEMORAN BLVD.  
CASSELBERRY FL 34707**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 [ ]  
Suite, Apt #, etc  
22 [ ]  
City & State  
23 [ ]  
Zip Country  
24 [ ] 25 [ ]

26 **200 North Thornton Ave**  
Suite, Apt #, etc  
27 [ ]  
City & State  
28 **Orlando, Florida**  
Zip Country  
29 **32801** 30 [ ]

3. Date Incorporated or Qualified

**12/08/1998**

4. FEI Number

**59-3545183**

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 owes the current year Intangible Personal Property Tax

Yes [ ] No

10. Name and Address of New Registered Agent

81 Name  
**Randall C. Smith, Esq**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**200 North Thornton Avenue**  
83 [ ]  
84 City  
**Orlando** FL 85 Zip Code  
**32801**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when no director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, RANDALL C</b>	
STREET ADDRESS	<b>200 NORTH THORNTON AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 34801</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>PS Nancy Voegtlin</b>	
13 STREET ADDRESS	<b>401 East Semoran Blvd.</b>	
14 CITY-ST-ZIP	<b>Casselberry, FL 32707</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**100002823931-6**  
**-03/30/99--01066--024**  
**\*\*\*\*150.00 \*\*\*\*150.00**



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:** *Nancy Voegtlin* **Nancy Voegtlin, Sec.** **2/26/99** **(407) 767-2977**

CR2E034 (11/98)