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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 427160 (7)

1. Corporation Name

ACTION MANAGEMENT INC **AA**

Principal Place of Business

520 59TH AVE. see NEW Below!
ST. PETERSBURG BEACH FL 33706

Mailing Address

520 59TH AVE. see NEW Below!
ST. PETERSBURG BEACH FL 33706-2218

Mon
FLA 1/1/97 AME CORP. RPT. TO A49881610(LICW.S.C)



2. Principal Place of Business

21 228-45TH AVE

2a. Mailing Address

26 228-45TH AVE

3. Date Incorporated or Qualified

06/01/1973

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1463015 **AA**

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

9. Name and Address of Current Registered Agent

PUZAR, VINCENT D.
~~520 59TH AVE.~~ 228-45TH AVE.
ST. PETERSBURG BEACH FL 33706-2525

10. Name and Address of New Registered Agent

81 Name

NOT APPLY

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

No Change: Vincent D. Puzar Pres. & Sole Stockholder

4-22-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASD
NAME PUZAR, NANCY E.
STREET ADDRESS 520 59TH AVE.
CITY-ST-ZIP ST PETE BCH, FL 00000 ☐ DELETE

TITLE ASD
NAME BOORTSALAS, GEORGE R.
STREET ADDRESS 520-59TH AVE.
CITY-ST-ZIP ST PETE BCH, FL 00000 ☐ DELETE

TITLE PTD
NAME PUZAR, VINCENT D
STREET ADDRESS 520-59TH AVE.
CITY-ST-ZIP ST PETE BCH, FL 00000 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Vincent D. Puzar Pres. & Sole Stockholder 4-22-97 813-360-7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0374783

CR2E034 (9/96)