## 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

4343 W. SUNRISE BLUD

FLORIDA

Country

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90076 036 \*\*\*158.75

DOCL	<b>JMENT</b>	#	59501	14
				. —

1. Corporation Name

ACTION EMPLOYMENT AGENCY, INC.

2. Principal Place of Bu	siness		2a.	Mailing Ad
2. Principal Place of Bu 43 43 W.	siness Sunrise Bi	LVD	2a. 26	H3H
Suite, Apt. #, etc.				Suite, Apt
22		Ī	27	
City & State		-	21	City & Sta
_ <i>a</i>	FIDRIDA	-	28 (	n i
	<del></del>		28 ]	
Zip PLANTATION	- LORIDA Country		28	PLAN Zip
<sup>Zip</sup> 4 33313	25 U.S. A		29	333

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

LANTATION

33313

3760 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311-1152 Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

X Yes

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/01/1978

59-1924805

4. FEI Number

3760	IAN, RUBY GLEN I W OAKLAND PARK BLVD DERDALE LAKES FL 33311-8152	83	EDMAN, KUBY CILEN  82 Street Address (P.O. Box Number is Not Acceptable)  43 43 W. SUNRISE BLVD  83					
		84 City	PLANTATION F		313			
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Stati egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, Fl	authorized by the corr	I corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	of changing its re ointment as regi	egistered stered			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature	required when reinstating) DATE		<del></del>			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12			
TITLE	PD DELETE	1.1 TITLE	PD	Change	Addition			
NAME	EDMAN, RUBY LOWE SHUE	1.2 NAME	EDMAN, RUBY GLEN					
STREET ADDRESS	ATTACAM AND DADIE BUILD	1.3 STREET ADDRESS	H3H3 W. GUNRISG BLVD					
CITY-ST-ZIP	LAUDERDALE LAKES FL	14 CITY-ST-ZIP	PLANTATION FL 33313					
TITLE	V □ DELETE	2.1 TITLE	V	🔀 Change	☐ Addition			
NAME	EDMAN, VINCENT T.	2.2 NAME	EDMAN, VINCENT T.					
STREET ADDRESS.	ATAN IN A SIGNATURE PARTY PILIP	2.3 STREET ADDRESS	4343 W. SUNRISE BLVD					
CITY-ST-ZIP	LAUDERDALE LAKES FL	2. 4 CITY-ST-ZIP	PLANTATION, FL 33313					
TITLE	☐ DELETE	3.1 TITLE		Change	Addition			
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS	;					
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4 1 TITLE		Change	☐ Addition			
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADORESS	3					
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS	3					
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	•	Change	☐ Addition			
NAME		6.2 NAME						
		6.3 STREET ADDRESS	s		•			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS