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Jan 08, 2002 8:00 am

(561) 483-1929

2002 UNIFORM BUSINESS REPORT (UBR)

F98000001795 **DOCUMENT # Secretary of State ACTION PROPERTIES INC.** 01-08-2002 90010 025 ***150.00 Principal Place of Business Mailing Address 19658 WATERS BAY CT #1205 19658 WATERS BAY CT #1205 **BOCA RATON FL 33434** BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-2452153 Not Applicable Zip Country \$8.75 Additional 5._Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSSOFF, ARNOLD H Street Address (P.O. Box Number is Not Acceptable) 19658 WATERS BAY CT #1205 **BOCA RATON FL 33434** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KOSSOFF, ARNOLD H NAME NAME 19658 WATERS BAY CT #1205 STREET ADDRESS STREET ADDRESS **CR2E034 BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP VCVT TITLE ☐ Delete TITLE ☐ Change ☐ Addition KOSSOFF, ESTHER NAME NAME 19658 WATERS BAY CT #1205 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: