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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G76830** (0)

1. Corporation Name
THE ACTION GROUP, INC.

Principal Place of Business Mailing Address
% COLIN A.S. DALTON **% COLIN A.S. DALTON**
2624 WISTERIA ST. **2624 WISTERIA ST.**
SARASOTA FL 34239 **SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1983** 3a. Date of Last Report **04/20/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2485106	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DALTON, COLIN A. S. 2624 WISTERIA ST SARASOTA FL 34239				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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

(NOTE: Registered Agent signature required when registering)

DATE

JUNE 1 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, COLIN A S	1.2 NAME	
STREET ADDRESS	2624 WISTERIA ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RICHARD H. DALTON CAROLE	2.2 NAME	
STREET ADDRESS	2248 OUTER DRIVE 2624 WISTERIA ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLIN A.S. DALTON PRES.

Title

813-356-4416

Daytime Phone