FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H55611

(8)

A-ACTIO	n mobile window tint	ing, inc.) 1881-817 9791 BHAL BHAN DHAN HEBI HB	8/8/1 8/10)
Principal Place of Business 5384 BARTON DRIVE ORLANDO FL 32807		Mailing Address 5384 BARTON DRIVE ORLANDO FL 32807-1808			
				3. Date Incorporated or Qualified 05/07/1985	3a. Date of Last Report 02/08/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2537415	Not Applicable
Suite. Apt. #, etc		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	Cily & State		6. Election Campaign Financing	\$5.00 May Be
23 Ζιρ	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for Florida Statutes	Yes No
	9. Name and Address of Cura			10. Name and Address of New Re	
PATI	ENAUDE, DAVID		81 Name		, <u> </u>
5384 BARTON DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptal	hla)
	ANDO FL 32807		Julieet Addi	ess (F.O. Dox Number is Not Acceptai	
			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the	purpose of changing its registered
agent. I a	rm familiar with and account the ob	figations of Section 607.0505, F	lorida Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	Alexan
	Signature, types or per learnance of registered			red when reinslating)	DATE
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
T TLE	PATENALIDE DAVED	T) rurein	1.1 TITLE		Change C Administr
NAME CHOCCA ADODESIC	PATENAUDE, DAVID 5384 BARTON DR		1.2 NAME 1.3 STREET ADDRESS		į
STREET ADDRESS	ORLANDO FL		i i		
CITY ST- ZIP TITLE	UNLANDO FL	DELETE	1.4 CITY~ST~ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$T-7IP			2. 4 CITY-ST-ZIP	•	
THILE		DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TUT.E		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-7/P			4.4 CITY - ST - ZIP		
TITLE		☐ D£LETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STPEET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

64 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 an attachment with an address

SIGNATURE

FILED

Jan 15 1997 8:00am

Secretary of State