

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H59959** (7)
1. Corporation Name
ACTION CRAFT, INC.



Principal Place of Business
**2603 ANDALUSIA BLVD
CAPE CORAL FL 33909**

Mailing Address
**2603 ANDALUSIA BLVD
CAPE CORAL FL 33909**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2578956	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GUARD, PAUL P. 2603 ANDALUSIA BLVD. CAPE CORAL FL 33909				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GUARD, PAUL P.					1.2 NAME					
STREET ADDRESS	3327 SE 18TH AVENUE					1.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL					1.4 CITY-ST-ZIP					
TITLE	TD	<input type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BROOKS, WILLIAM T.					2.2 NAME					
STREET ADDRESS	2302 S.E. 15TH STREET					2.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL					2.4 CITY-ST-ZIP					
TITLE	VD	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HORTON, RONALD T.					3.2 NAME					
STREET ADDRESS	1406 N.E. 5TH AVENUE					3.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL					3.4 CITY-ST-ZIP					
TITLE	SD	<input checked="" type="checkbox"/> DELETE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCNAUGHTON, NANCY					4.2 NAME					
STREET ADDRESS	3730 COUNTRY CLUB BLVD					4.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL					4.4 CITY-ST-ZIP					
TITLE	CD	<input type="checkbox"/> DELETE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GUARD, JOHN E					5.2 NAME					
STREET ADDRESS	322 NE 19TH ST					5.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL					5.4 CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> DELETE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SHEPARD, RICHARD J.					6.2 NAME					
STREET ADDRESS	5267 SKYLARK COURT					6.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL					6.4 CITY-ST-ZIP					

14. 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.

SIGNATURE: *Paul P. Guard* **Paul P. Guard** 4-1-98 941.571-7000

CR2E034 (10/97)