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

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # ACTION AID COMPITIONING INC



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Feb 18 1997 8:00am Secretary of State

		Mailing Address 8102 N ARMENIA TAMPA FL 33604-2				3. Date Incorporated or Qualified	3a. Date	of Last R	
						12/17/1985	05/01	/1996	
	Place of Business	2a. Mailing Addres	SS			4. FEI Number		Ap	plied For
21		26				59-2619308			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			ito.			5. Certificate of Status Desired	[;]		Additional
22		27						Fee Re	· ······
City & Stat	ie .	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution	<u> </u>	Added	
Zip 24	Country	Zip		untry		This corporation has liability for Florida Statutes	∵intangible ta: ∐Yes ☐∃		199.032,
24	25 9. Name and Address of Curre	29	30	Τ	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R			
		on riogisterou Agorit		81	Name	10. 1121110 4110 71001000 01 11011 11	-2.0.0.00 Mg		
	SSELL, SUSAN								
	14 HOUNDS HOLLOW CT			82	Street A	ddress (P.O. Box Number is Not Accepte	ible)		
נט	TZ FL 33549			B3			_		
				-					
				64	City		FL	35 Zip	Code
44 0	to the provisions of Continue 607 OF	00 and 607 1500 Florida	Ctatutan the a	borr	0.000000	orporation submits this statement for the		anging it	e registered
office or	registered agent, or both, in the Stal am familiar with, and accept the obli	le of Florida, Such chang	e was authorize	nd hu	, the corno	oration's board of directors. I hereby according	ipt the appoin	tment as	registered
SIGNATORIE	Signature, typed or printed name of registered a	igent and title if applicable	INOTE Registere	d Age	ent signature re	equired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	VS	☐ DEL	ETE 1.1 T	ITLE			L	Change	
NAME	RUSSELL, SUSAN			AME					
STREET ADDRESS	1404 HOUNDS HOLLOW CT		1.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	LUTZ FL			•	T-ZIP				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	PT	☐ DEL						Change	Addition
NAME	RUSSELL, DAVID	_	2.2 N	AME		1404 Hounds Ho Luty FL 33	<i>fl.</i>	~	
STREET ADDRESS	1401 HOUNDS HOLLOW CT		2.3 \$	TREET	ADDRESS	1909 HOUNKS MG	Way .	-11	
CITY - ST - ZIP	LUTZ FL				ST-ZIP	LUTS FL 35	5 77	1 6.	T LIE
TITLE		☐ DEL	•		Į.	•	٠ ـ] Lihange	Addition
NAME			3.2 M						
STREET ADDRESS			3.3 5	TREET	ADDRESS				
CITY - ST - ZIP					ST-ZIP			1 00	The same
TITLE		☐ DEL					L	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CiTY - ST - ZiP		1 60			ST - ZIP			Channa	Batalitian
TITLE	1	☐ DEL	ETE 517	IILE			L	Change	Addition
	i .					•			
NAME				IAME					
STREET ADDRESS			538	TREET	ADDRESS				
SYREET ADDRESS CITY-ST-ZIP			533	TREE1	FADDRESS ST-ZIP		·	Channa	Addition
STREET ADDRESS CITY-ST-ZIP TIFLE		☐ DEL	533 540 ETE 6.11	TREET SITY - S			L	Change	Addition
STREET ADDRESS CITY-ST-ZIP			53.9 54.0 ETE 6.11 6.2 M	TREET STY-S STLE IAME	ST-ZIP	·		Change	Addition
STREET ADDRESS CITY-ST-ZIP TIFLE			53.9 54.0 ETE 6.11 6.2 M	TREET STY-S STLE IAME		·		Change	Addition

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 on an attachment with an address.