

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 AUG 11 PM 1:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K21317 (8)
1. Corporation Name A-ACTION DOOR CO. OF CENTRAL FLORIDA



Principal Place of Business % ORLAND HICKS 2650 SAND LAKE ROAD LONGWOOD FL 32779	Mailing Address % ORLAND HICKS 2650 SAND LAKE ROAD LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/15/1988	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2888537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HICKS, ORLAND 2650 SAND LAKE ROAD LONGWOOD FL 32779	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	200002267032-5
83	08/14/97 01054-012
84 City	****165.00 ****165.00
85 Zip Code	FL

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	
TITLE	VD
NAME	HICKS, ORLAND
STREET ADDRESS	2650 SAND LAKE RD
CITY-ST-ZIP	LONGWOOD FL
TITLE	PST
NAME	HICKS, ISABELLE
STREET ADDRESS	2650 SAND LAKE RD
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	HICKS, ISABELLE
STREET ADDRESS	2650 SAND LAKE RD
CITY-ST-ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)

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A--AAction Door Co. Of
Central Florida Inc.
2650 Sand Lake Rd.
Longwood, Florida 32779

Division Of Corporations
Divisions Of Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

I am writing in regard to just getting my Corporation Annual Report second notice for 1997. I did not receive my first Annual Report Packet. Please note I am sending in the normal fee of \$165.00. I realize changes have been made in the dates the reports will be due after talking with one of your representatives.

Please know this would have been taken care of sooner had I gotten the first notice.

I am thanking you in advance for any co-operation you may give in this matter.

Sincerely Yours,


Isabelle Hicks--President