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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

K46776

(6)

ACTION INCENTIVES INC.

Principal Place of Business Mailing Address 728 SHORE DRIVERNER 728 SHORE DRIVERNER DESTIN FL 32541 DESTIN FL 32541



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

					3. Date incorporated or Qualified 11/22/1988	3a. Date of Last 04/19/	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #.	etc	Suite, Apt. #, etc.			59-2995308		Not Applicable
2		27		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be sed to Fees
Ζη. 24	Country 25	Ζ _Ι ρ	Count	ry	This corporation has liability to Florida Statutes	r intangible tax under s No	s 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered Agent	
			8	1 Name			
FOSTER, JOHN A. 728 SHORE DRIVE		82 Street A		oddress (P.O. Box Number is Not Acceptable)			
	FL 32541		8	3			
			R	4 City		85	Zip Code
			i	1		FL	•
or registere	d agent, or both, in the State of Flori u and accept the obligations of, Sect	da. Such change was author	ized by the coi	rporation's bo	poration submits this statement for the popard of directors. I hereby accept the app	pointment as régistere	ed agent. I am
5	Syrative Type a copinion distance of registered agent			gert signature requ	ਵੇਰਤੇ when remetating)	DATE	***
12.	PD OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
Total E	ΓU	I I DETLIE					
	FOSTER JOHN A		1 1 TITL	1		☐ Change	Addition
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NAM: STREET AUCRESS	728 SHORE DRIVE		1.2 NAM 1.3 STRE	E E1 ADDRESS		∐ Chang	e (Addrion
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NAM: SURRET MODRESS CHY ST 200	728 SHORE DRIVE DESTIN FL	DELETE	1.2 NAM 1.3 STRE 1.4 Crty	E E1 ADDRESS -ST-ZIP E	400	☐ Change	Addition
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 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 oats; 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 18 if changed, or on an extrachment with an address.

SIGNATURE: