

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 7:08

DOCUMENT # L36479

(8)

1. Corporation Name

A ACTION AUTOLINER, INC.

Principal Place of Business

P O BOX 21194
FT LAUDERDALE FL 33335

Mailing Address

5722 SOUTH FLAMINGO ROAD
102
COOPER CITY FL 33330
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0159260

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Office of Business

21. SAME AS MAILING

Suite, Apt. #, etc.

263

City & State

23.

Zip

24.

Country

25.

2a. Mailing Address

26.

Suite, Apt. #, etc.

263

City & State

27.

Zip

29.

Country

30.

9. Name and Address of Current Registered Agent

DEPANTE, JOSEPH
1531 HAMMOCK LANE
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 date of appointment)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEPANTE, JOSEPH
STREET ADDRESS	1531 HAMMOCK LANE
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	VO
NAME	DEPANTE, KATHLEEN
STREET ADDRESS	1531 HAMMOCK LANE
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	D
NAME	PRESTON, VALERIE
STREET ADDRESS	1601 PALM AVE #310C
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or a report of an 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 owner or person 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DATE

Signature Number

2/3/95

305-436-1581