FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L36479** **(8)**

1. Corporation Name

A ACTION AUTOLINER, INC.

Principal Place of Business

5722 S FLAMINGO RD
STE 263
COOPER CITY FL 33330
US

Mailing Address

5722 SOUTH FLAMINGO ROAD
STE 263
COOPER CITY FL 33330
US

3. Date Incorporated or Qualified: **12/15/1989**

3a. Date of Last Report: **03/29/1995**

4. FEI Number: **65-0159260**

Applied For / Not Applicable

5. Certificate of Status Desired: X **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$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 Place of Business

21 6722 S. FLAMINGO RD.
22 # STE 295
23 Cooper City. FL
24 Zip 33330 25 Country USA

2a. Mailing Address

26 6722 S. FLAMINGO RD
27 # STE 295
28 Cooper City FL
29 Zip 33330 30 Country USA

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 Section 607.0505 and 607.1905, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such business may be transacted by this corporation's officers. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Required) (Date)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	DEPANTE, JOSEPH	
STREET ADDRESS	1531 HAMMOCK LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	☐ DELETE
NAME	DEPANTE, KATHLEEN	
STREET ADDRESS	1531 HAMMOCK LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	☐ DELETE
NAME	PRESTON, VALERIE	
STREET ADDRESS	1601 PALM AVE #310C	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY-ST-ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY-ST-ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY-ST-ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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 with an indication that I am a current officer or director.

SIGNATURE: [signature] 4/2/96 954-436-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)