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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L72375

1. Corporation Name

ACTUATION CENTER, INC.

FILED
Apr 22, 1999 8:00 am
Secretary of State
•

04-22-1999 90243 011 ***150.00



Principal Place of Business Mailing Address						gii 67611 57211 1201		
4304 METRIC DRIVE 4304 METRIC DRIVE								
SUITE 101		Suite 101			DO NOT WRITE IN T	DO NOT INDITE IN THIS SPACE		
WINTER PARK F	L 32792-6821	WINTER PARK FL 32792-6821		3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE			
us Us					05/09/1990			
O Driver - I Di	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
·	ace of business				59-2369737	<u></u>	Not Applicable	
21 Cuite Ant	# -1-	Suite, Apt. #, etc.			\$8.7	5 Additional		
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired	·	Required		
City & State		City & State		6. Election Campaign Financing		00 May Be		
		28		Trust Fund Contribution Added to Fees				
Zîp	Country	Zip Cour			8. This corporation owes the current yea			
24	25	29 30		•	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current				10. Name and Address of New Registe	red Agent		
 -		<u> </u>	8	1 Name				
WALI	KER, WILLIAM A II		 -		(D.C. D. M. Land Market			
250 1	PARK AVE S		18	2 Street	Address (P.O. Box Number is Not Acceptable)		1	
5TH	FLOOR		8	3				
WINT	ER PARK FL 32789		Ĺ					
			8	4 City	J	=L 85 ²	Ip Code	
A4 Durawast to the experience of Sections 507 0502 and 507 1509 Elevide Statutes the above-named corporation submits this statement for the purpose of changing its registere								
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		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME :	HOUK, THOMAS L., JR		1.2 NAM	E				
STREET ADDRESS	4304 METRIC DR, STE 101		1.3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP	WINTER PARK FL 32792-6821		1.4 CITY	-ST-ZIP			}	
TITLE	SVD	☐ DELETE	2.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME	HOUK, GAYLE G.		2.2 NAMI	E				
STREET ADDRESS	4304 METRIC DR, STE 101		2.3 STRE	ET ADDRESS	· ·		}	
CITY-ST-ZIP	WINTER PARK FL 32792-6821		2. 4 CITY					
TITLE	THE PARTY E DE TOE TOE	DELETE	3.1 TITU			☐ Chan	ge Addition	
NAME	•		3.2 NAM		•			
STREET ADORESS	*			ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Chan	ge	
NAME		<u> </u>	4. 2 NAM			_	ļ	
			1	ET ADDRESS				
STREET ADDRESS			4.4 CITY					
CITY-ST-ZIP		☐ DELETE	5.1 TITL			Chan	ge Addition	
NAME		_,	5.2 NAM			_	_	
				ET ADDRESS				
STREET ADDRESS			5.4 CITY		}		}	
CITY-ST-ZIP		[] DELETE	6.1 TITLE		 	Chan	ge	
TITLE		_ 5	6.2 NAM					
NAME STREET ADDRESS	E MAY MASTA		1	ET ADDRESS				
,	mr - 1							
CITY ST-ZIP "			6.4 CITY	-31-ZP	1			

14. I 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 trystee 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, with all other like empowered.

SIGNATURE: