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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

M30429 DOCUMENT #

1. Corporation Name

ACTION BUILDERS, INC.

Mailing Address

C/O RAY R. HENLEY 7655 SW 142ND STREET MIAMI FL 33158

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Principal Place of Business

C/O RAY R. HENLEY 7655 SW 142ND STREET **MIAMI FL 33158**

3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1986 04/07/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2664738 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Country Zip Ζφ Yes No Florida Statutes 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HENLEY, RAY R. 82 Street Address (P.O. Box Number is Not Acceptable) 7655 SW 142ND STREET 83 **MIAMI FL 33158** City 85 Zip Code

1. 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 agent, or both, in the State of Fiorida. 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, typind or printed name of registered agest and M	k itanoicatro (NOI	L. Registered Agent signature required	whor reinstating DATE
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[] DELETE	1. 1 TITLE	Change Addition
NAME	HENLEY, RAY R.		1.2 NAME	
STREET ADDRESS	7655 SW 142ND STREET		1.3 STREET ADDRESS	
CITY-S1-ZIP	MIAMI FL		1.4 City-ST-ZIP	
TITLE	STD	[] DELETE	2. 1 TITLE	Change Addition
NAME	BRIGGS, RUSSELL		2.2 NAME	
STREET ADDRESS	9625 SW 148TH COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		☐ DETELE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY - ST - ZIP	
TITLE		DELETE	4 1 TiTLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CHTY - ST - ZIP	
TITLE		DECETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			54 CITY - ST - ZIP	
TITLE		[] DELETE	6 1 THTLF	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY ST. 7ID			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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 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.

NO TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR