

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M51286 (6)

1. Corporation Name

ACTION, SPRAY-ON SYSTEMS, CO.



Principal Place of Business 8745 ABBOTT AVE. SURFSIDE FL 33154	Mailing Address 8745 ABBOTT AVE. SURFSIDE FL 33154
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2. Principal Place of Business 21 4528 CURRY FORD RD.		2a. Mailing Address 26 4528 CURRY FORD RD.		3. Date Incorporated or Qualified 04/30/1987	3a. Date of Last Report 07/14/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2802780	Applied For Not Applicable
22. City & State 23 ORLANDO, FL		27. City & State 28 ORLANDO, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32812		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 32812		30 U.S.A.		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOWRY, ROBERT 8745 ABBOTT AVE. SURFSIDE FL 33154				10. Name and Address of New Registered Agent	
				81 Name ROBERT MOWRY	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				4528 CURRY FORD RD.	
				84 City ORLANDO	85 Zip Code FL 32812

11. 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 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: Robert Mowry **ROBERT MOWRY** **7-17-96**
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCA, THERESA		12 NAME Theresa A LUCA	
STREET ADDRESS 8745 ABBOTT AVE.		13 STREET ADDRESS 4528 CURRY FORD RD.	
CITY-ST-ZIP SURFSIDE FL		14 CITY-ST-ZIP ORLANDO, FL 32812	
TITLE D	<input type="checkbox"/> DELETE	21 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOWRY, ROBERT		22 NAME ROBERT MOWRY	
STREET ADDRESS 8745 ABBOTT AVE.		23 STREET ADDRESS 4528 CURRY FORD RD.	
CITY-ST-ZIP SURFSIDE FL		24 CITY-ST-ZIP ORLANDO, FL 32812	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Mowry SRVP. **7-17-96** **407 831-2431**
(Signature, typed or printed name of signing officer or director) (Date) (Phone Number)

CR2E034 (3/96)