SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90026 017 ****70.00

DOCUMENT # N34125

1. Corporation Name

CIVIC ACTION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
%JOHN K. DAILY 709 NE 74TH STREET MIAMI FL 33138-5231	%JOHN K. DAILY 709 NE 74TH STREET MIAMI FL 33138-5231

2. Principal Place of Business 21 709 NE 74 St Suite, Apt. #, etc. 22 House City & State 23 33138 Miami, Flo (Dade County) Zip 24 33138 Country 25 Dade	2a. Mailing Address 26 Miami, Florida 33138 Suite, Apt. #, etc. 27 House City & State 28 33138 Miami, Fl Dade county Zip 29 33138 Country 30 Dade	3. Date Incorporated or Qualifed 09/08/1989 4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DAILY, JOHN K.
709 NE 74TH STREET
MIAMI FL 33138

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAILY, JOHN K.		1.2 NAME		
STREET ADDRESS	709 NE 74TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAILY, JOHN K		2.2 NAME		
STREET ADDRESS	709 NE 74TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEMMER, MARGARET		3.2 NAME		
STREET ADDRESS	720 N.E. 75TH STREET	Deceased	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NESSIC, EUGENE M.		4.2 NAME		
STREET ADDRESS	130 PALM AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HIBBS, GARY		5.2 NAME		
STREET ADDRESS	710 NE 74TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPURLIN, BLAKE W		6.2 NAME		
STREET ADDRESS	4912 SW 12TH CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33317		6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: JOHN K. DAILY SIGNATURE REQUIRED 7-2-99 305-751-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)