

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000000387

1. Corporation Name

ACT II COMPLEX, INC.

Principal Place of Business

50-D NE 49TH STREET
OCALA FL 34479

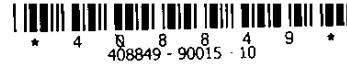
Mailing Address

50-D NE 49TH STREET
OCALA FL 34479

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90015 019 ****61.25

04-25-1999 90015 020 *****8.75



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

59-3489187

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ODEN, PRICE
50-D NE 49TH STREET
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name **CHARLES R PATTERSON**
82 Street Address (P.O. Box Number is Not Acceptable)
SAME
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

Charles R Patterson

CHARLES R PATTERSON

4-11-99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ODEN, PRICE	
STREET ADDRESS	50-D NE 49TH STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEDDOM, MARY B	
STREET ADDRESS	1701 SE FT. KING STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACDONALD, DIANE	
STREET ADDRESS	2450 SW 38TH AVE LOT 74	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, ELIZABETH	
STREET ADDRESS	1041 NE 20TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYLER, JOE	
STREET ADDRESS	860 SE 80TH STREET	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLZHAUSER, WARREN	
STREET ADDRESS	320 BAHIA CIRCLE	
CITY-ST-ZIP	OCALA FL 34472	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RESIDENT DIRECTOR
1.3 STREET ADDRESS	50 D. N.E. 49th ST.
1.4 CITY-ST-ZIP	OCALA, FL - 34479
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES R
2.3 STREET ADDRESS	PATTERSON
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Charles R Patterson* **CHARLES R PATTERSON** 4-11-99 352 369-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0076151

CR2E037 (11/98)