


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90018 029 ****61.25

0004654

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004295					
1. Corporation Name ACTION STEP INDUSTRIES, INC.					
Principal Place of Business 900 BRIDIER ST., STE. 1A JACKSONVILLE FL 32206			Mailing Address 900 BRIDIER ST., STE. 1A JACKSONVILLE FL 32206		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/23/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3524519	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent RAY, DAVID 900 BRIDIER ST., STE. 1A JACKSONVILLE FL 32206				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

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	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRIGMAN, JULIE	1.2 NAME					
STREET ADDRESS	2781 TREASURE COVE LN.	1.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DICKERSON, PAUL	2.2 NAME					
STREET ADDRESS	1382 BROOKWOOD FOREST BLVD.	2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HARTWELL, PAIGE	3.2 NAME					
STREET ADDRESS	600 BRIDIER ST., STE. 1A	3.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32206	3.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LEWIS, SIDNEY H III	4.2 NAME					
STREET ADDRESS	1791 BROKEN BOW DR. N.	4.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SULLIVAN, JAMES	5.2 NAME					
STREET ADDRESS	118 GLEN COVE PLACE	5.3 STREET ADDRESS					
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YATES, ALTON	6.2 NAME					
STREET ADDRESS	2923 RIDAULT SCENIC DR.	6.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32208-2431	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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99 (904) 387-4661 x122

Date Daytime Phone #

CR2E037 (11/98)