FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(4)

DOCUMENT # P29488

CNI/THE ACTION GROUP, INC.

(-

FILED Mar 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				J HERITERI ING NAMA ADAM ADAM HERIT BARIT			
88 UPHAM STREET 88 UPHAM STREET							
MALDEN MA	02148	MALDEN MA 02148			DO NOT WOITE IN	THE COLOR	
					DO NOT WRITE IN 3. Date Incorporated or Qualified	INIS STAUE	\neg
					05/22/1990		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			04-2739020	Not Applicat	ole
Suite, Apt.	H, elc.	Suite, Apt. #, etc.				\$9.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		,, .,,	Trust Fund Contribution	Added to Fees	Ш
Žφ	Country	Zip	Count	ry	8. This corporation owes or has paid t		
24	25	[29]	30		Personal Property Tax due June 30		
ļ <u>-</u>	9, Name and Address of Curre	ent Hegislered Agent	B	1 Name	10. Name and Address of New Regis	tered Agent	
	CORPORATION SYSTEM		١	Ivame			
	O S. PINE ISLAND ROAD		В	2 Street Add	fress (P.O. Box Number is Not Acceptable)		
ן ויי	INTATION FL 33324		В	2			
l			١	°			
<u> </u>			В	4 City	-	FL 85 Zip Code	
11 Purcuant	a the provisions of Sucharia 607.00	.02 and 007 1609 Florida 91	latutos, the abo	vo named cor	paration submits this statement for the pure		
office or ri	egistered agent, or both, in the State	le of Florida. Such change v	vas authorized l	by the corpora	poration submits this statement for the purp alion's board of directors. I hereby accept the	ne appointment as registered	í
1	n familiar with, and accept the obli	gations of Section 607.050!	i, Florida Statut	0S.			
SIGNATURE	Signature, typod or photed harne of registered a	constraint litte if north able	(NC)It Brogstered A	oent signature regu	uired when reinstating)	DATE	
12.	and the same of th	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		-
TITLE	PST	DELETE	1 1 TITLE			Change Additi	on
NAME	WEINER, ELAINE		1.2 NAM	ε			
STREET ADDRESS	9 FOXWOOD DRIVE		13 STRE	ET ADDRESS			
CITY-ST-ZIP	N ANDOVER MA		1.4 CiTY	-ST-ZIP			
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STREET ADDRESS				FT ADDRESS			- 1
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CITY-ST-ZIP			6.4 CITY	-31-ZP	· - · · · · · · · · · · · · · · · · · ·		

4. Thereby 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 council above 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 chapted or on an attachment with an address.

SIGNATURE: // laurele

Elaine Weiner President 2 23.98 (781/301-5793

R2F034 (10/97)