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

P93000015661 (0) DOCUMENT #

ACTION PULSE, INC.

Principal Place of Business

2965 BEGONIA WAY

Mailing Address

PO BOX 260161

FILED May 04 1998 8:00am Secretary of State



COOPER CITY FL 33026 US				PEMBROKE PINES FL 33026 US				DO NOT WRITE IN THIS SPACE		
			••					3. Date Incorporated or Qualified 02/23/1993		
2. Principal Place	ce of Busin	ioss	2a. Mailir	2a. Mailing Address				4. FEI Number Applied For		
21			26	26				65-0413126 Not Applicable		
Suite, Apt. #,	91 C.		Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22			27	27				Fee Required		
City & State			City 8	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees		
Zip	Country				untry		8. This corporation owes or has paid the current year Intangible			
24		25	29		30	,		Personal Property Tax due June 30. Yes No		
		and Address of Currer	nt Registered	Agent		1		10. Name and Address of New Registered Agent		
		HARLES J				81 Name				
601	SOUTH F	EDERAL HIGHWAY					82 Street Address (P.O. Box Number is Not Acceptable)			
HOL	TAMOOD	FL 33020								
						83				
						1		Jan Za Code		
						84	City	FL 85 Zip Code		
office or reg agent. I am SIGNATURE	gi ste red ag n fam iliar wit	jent, or both, in the State th, and accept the oblig	e of Florida, Suc gations of, Secti	ich change was tion 607.0505, F	s authorize Florida Stat	ed by itutes	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
	ignature, lypod	or printed name of registered ag		 		:d Age	nt signature ri	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	70	OFFICERS AN	ND DIRECTORS	DELETE	13. 1.1 Ti	т Е		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	•	NO. JOSEPH I		L_I Utilit						
NAME		RO, JUSEPH I EGONIA WAY			1.2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	UUUPC	R CITY FL		- Control		HY-S	1 - ZIP	Chance Addition		
TITLE				DELETE 21 T			. [L. Change L. Addition		
NAME					2.2 N	IAME				
STREET ADDRESS					235	TAEET	ADDRESS			
CITY-ST-ZIP		,,		P		CITY-S	ST - ZiP			
TITLE				☐ DELETE 3		31 TITLE		Change Addition		
NAME					3.2 N	IAME				
STREET ADDRESS					3.3 S	TREET	ADDRESS			
CITY-ST-ZIP					3.4. (CITY-S	5T - ZIP			
TITLE				DELETE	4.1 T	ITLF	-	Change Addition		
NAME					4.21	NAME	1			
STREET ADDRESS					4.3 S	TREFT	ADDRESS			
CITY-ST-ZIP			_		4.4 C	CITY-S	T - ZIP			
TITLE			·	DELETE	5.1 TI	ITLE		Change Addition		
NAME					5.2 N	IAME	1			
STREET ADDRESS					5.3 S	STREET	ADDRESS			
CITY-ST-ZIP					5.4 C	CITY-S	T-ZIP			
TITLE				☐ DELETE	6.1 TI	ITLE		☐ Change ☐ Addition		
NAME					6.2 N	IAME				
STREET ADDRESS					6.3 \$	STREET	ADDRESS			
CITY-ST-7IP					6.4 C	CITY-S	T-ZIP			
14 I haraby on	ertify that th	e information supplied	with this filing d	loes not qualify	for the ex-	emn	tion stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated or officer or di	o n t his annu Ii re ctor of th	est report or eucotomical	ital annual repor ceiver or trusted	ort is true and ac e empowered to	CCUEATA AN	າດ tha	at my sion	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in		