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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036306 (7)

ACTION REALTY, INC.

Principal Place of Business Mailing Address 8432 PALM LAKES CT 24 N BLVD OF THE PRESIDENTS **SARASOTA FL 34243-2056** SUITE A SARASOTA FL 34236 ÚS 3. Date Incorporated or Qualified 3a. Date of Last Report 05/19/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0451237 21 10 S. ADAH ST Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2-D Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 34236 AZU Yes No Florida Statutes 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MATUSIAK, DANIEL 8432 PALM LAKES COURT Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typ-st or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (96/6) (96/6) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D DELETE Change Addition 1.1 TITLE THIE MATUSIAK. DANIEL NAME 1.2 NAME CR2E034 8432 PALM LAKES COURT STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34243 1.4 DITY - ST - ZIP CITY-SI VIP Addition Tift or DELETÉ 2.1 TITLE Change

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CHY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or a lateohment with an address.

SIGNATURE:

NAME

THE

NAME

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INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 941-388-2372

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May 09 1997 8:00am

Secretary of State