FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

P93000040649 (4)

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACTION TIME, INC.

ACTION	i HME, ING.						
Principal Place	of Business	Mailing Address			L 100 1000 110 10100 11711 08111 30111	ODIA OBIII DIBAI BAID DI	III BIBIB (BII HAC)
23123 SR 7 23123 SR 7 STE. 2008 STE. 2008			n o				
BOCA RATON FL 33428 BOCA RATON FL 3342					3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last 05/01/19	
2. Principal Pla	ce of Business	2a. Mailing Address 26					Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired Status Desired Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip Country Zip 4 25 29		Z _I p 29	Country 30		B. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent	<u> </u>		10. Name and Address of New F	legistered Agent	
				81 Name			
	S, LARRY V STAWOOD WAY			82 Street Addr	ress (P.O. Box Number is Not Acceptat	yle)	
	ATON FL 33428			83			
				84 City		FL 85	Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flo n, and accept the obligations of, Se	rida. Such change was authoriz ction 607,0505, Florida Statutes	zed by the c s.	orporation's boar	ration submits this statement for the purid of directors. I hereby accept the app	ointment as registere	registered office ad agent I am
	Signature, typed or printed name of registered ago			Agont signature require	id when reinstating: ADDITIONS/CHANGES TO OFF	DATE DIDECT	CODE IN 12
12.	DP OFFICERS A	ND DIRECTORS DELETE	13.	TIE	ADDITIONS/CHANGES TO OFF	Change	
TITLE NAME	WILLIAMS, LARRY V	[] officin	12 N/				7,00 000
STREET ADORESS	22523 VISTAWOOD WAY			REET ADDRESS			
CITY - ST - ZiP	BOCA RATON FL 33428			TY-ST-ZIP			
TITLE	ST	DELÉTE	2 1 1			☐ Criange	Addition
NAME	WILLIAMS, IDA N		2 2 N/	.ME			
STREET ADDRESS	22523 VISTAWOOD WAY		2 3 S1	REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		2 4 CI	TY-ST-ZIP			
TITLE	DV	⊠ DELETE	3 1 1	TLE		☐ Change	E Addition
NAME	KIRIAZIS, GUS		3.2 N	ME .			
STREET ADDRESS	21254 SUMMERTRACE CIR		3.3 S	TREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL 33428			TY - ST - ZIP			
TITLE		DELETE	4.11	1		☐ Change	e
NAME			4.2 N/	i			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CI	TY-ST-ZIP		Change	e
TITLE		[] Miller	5.2 N/			L overigo	
NAME CIDELL ANNDESS				REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.4 U			Change	e 🔲 Addition
NAME			6.2 N	1			_
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
14. I do hereby certify that oath; that I	the information indicated on this an	nual report or supplemental and poration or the receiver or truste	nished and nual report i ee empowe	does not qualify f s true and accura	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, F	e same legal effect as	s if made under