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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P930000

P93000040649 (4)

ACTION TIME, INC.

Principal Place of Business Mailing Address 23123 SR 7 23123 SR 7 STE. 2008 STE. 2008 BOCA RATON FL 33428 BOCA RATON FL 33426					·				
BOOK MATO	1116 50420	OOON PARIOTIC SUPER	7000			3. Date Incorporated or Qualified 06/01/1993		e of Last 23/1996	
2. Principal	2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For
21		26				59-3189440	·		Not Applicable
Su-le, Ap 22	t.#,etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	ate	City & State	·····			6. Election Campaign Financing		\$5.0	May Be
23		28	- 			Trust Fund Contribution		Added	to Fees
Ζφ 24	Country	Zip	 	untry		8. This corporation has liability for Florida Statutes	intangible t		s. 199.032,
24	25 g, Name and Address of Curre	29 ent Registered Agent	30	Τ		10. Name and Address of New Re			
Wi	ILLIAMS, LARRY V			81	Name				
	22523 VISTAWOOD WAY				Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
	OCA RATON FL 33428			82	Olieot Addie	as (1.0. box Hambal is Hat Accepta	J. J		
i				В3					
				84	City	<u> </u>	6 1	65 Zig	Code
44 Program	to the provisions of Sections 607.05	502 and 607 1508 Florida Stat	dae the n	D0040	named corne	pration submits this statement for the on's board of directors. I hereby acce	FL	obanging	ite societored
SIGNATURE	Signature Apicol or righted name of registered a		.ARRY	٧.	. WILL:		-16-C	7	
TITLE	DP	DELETE	1.1 TI	ITLE				Change	
NAME	WILLIAMS, LARRY V		1.2 N	AME)				
STREET ADDRESS			1.3 \$	TREET	ADDRESS				
City-St-ZiP	BOCA RATON FL 33428			ITY-S	I-ZIP				
THILE	ST	DELETE	2.1 7/					Change	Addition
NAME	WILLIAMS, IDA N		2.2 N						
STREET ADDRESS	BOCA RATON FL 33428			TREET. CITY-S	ADORESS				
CITY -S1 - 7IP	DOOR HATON 1 E 35420	DELETE	317		1-217	<u> </u>		Change	Addition
NAME			32 N					· - •	
STREET ADORESS	5				ADDRESS				
CITY ST-ZIP			3.4. (CITY-S	T-ZIP				
TITLE		DELETE	4.1 TI	ITLE	1	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			4.21	NAME					
STREET ADDRESS	5		4.3 S	TREET.	ADDRESS				
CITY - ST - ZIP		T DELETE		ITY-S	I-ZIP			<u> </u>	
TOLE		DELFTE	5.1 70					Change	Addition
NAME OFFICE ADDRESS				AME TOTET	1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-Z# TITLE		DELETE	54 C 6.1 Ti	ITY-SI	- ZIP			Change	Addition
NAME		FIII DELETE	6.2 N						- Ind recall()
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				::TY-\$					

SIGNATURE.

LARRY LIGHTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY V. WILLIAMS

14. To 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 on an attachment with an address.

4-16-97

FILED

Apr 22 1997 8:00am

Secretary of State

561-477-9719