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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS **DOCUMENT #** P93000052862 1. Corporation Name ACTEX, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90019 018 ***150.00



Principal Place	e of Business	Mailing Address		i animal tra lates totto estit estit	2	2 1(10 1101 1001	
5750-EOLLINS	AVENUE	5750 COLLINS AVENUE			`		
11:8				DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140				3. Date Incorporated or Qualifed			
				07/28/1993			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21 1020	= Calling Allo.	26 10205 CN	lins Ave	65-0426220	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75	i	
22 8 30	Ч	27 #304		5. Certicate of Status Desired	Fee Re	quired	
City & State	9, 1	City & State		6. Election Campaign Financing	\$5.00	-	
23 1001	Marbour FL	28 Dal Harbou	r FL3315	Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		and the	
24 331	54 25 USA	29 33 154 3	<u>o VSA</u>	Personal Property Tax.		No	
	9. Name and Address of Currer	it Registered Agent	24 11 0	10. Name and Address of New Re	gistered Agent		
D. D.	TON DANCE A D		81 Name	amola R Buxt	0N)	,	
i e	TON, PAMELA B		82 Street Ad	ldress (P.O. Box Number is Not Acceptab	le)		
_	COLLINS AVENUE		1020	5 COLLING AVE			
_11-8			83	k 3 0 H			
MIAN	ALBEACH FL 33140		84 City		85 Zip (Code	
ļ	,		· Pa	1 Harbour	FL 33	154	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named co	prporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its the appointment as re-	registered gistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	la Statutes.	,, , , , , , , , , , , , , , , , , ,	,	•	
SIGNATURE							
	Signature, typed or printed name of registered age		egistered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DS IN 12	
12.		ND DIRECTORS ☐ DELETE	13.	ADDITIONS/CHANGES TO OFFI	Marchange	Addition	
TITLE	p	□ bereie		t a	- Containing of		
NAME	BUXTON, PAMELA B		1.2 NAME	BUXTON, Hamus D.	بالملابيد _		
STREET ADDRESS	5750 COLLINS AVENUE		1.3 STREET ADDRESS	POSOE COLLING BO.	e #304		
CITY-ST-ZIP	MIAMI-BEACH FL 33140	☐ DELETE	1.4 CITY-ST-ZIP	Dal Harbour 1-	Change	Addition	
TITLE		□ pere₁e	2.1 TITLE				
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		[] Change	Addition	
TITLE		☐ DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CiTY-ST-ZIP	<u> </u>	□ DELETE	3.4. CITY- ST- ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE		□ onange		
NAME .			4. 2 NAME		^,		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		- Control	4.4 CITY-ST-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		— - -	La ricologii	
NAME			■	•	inter the	•	
STREET ADDRESS			5.3 STREET ADDRESS	e de		,	
CITY-ST-ZIP		□ BE1 ETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	
TITLE		☐ DELETE			L., Criange		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE: