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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000078986 (5)

ACTION PRO REALTY, INC.

FILED May 08 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE							
3.	Date Incorporated or Qualified 11/16/1993						
ŧ.	FEI Number	Applied For					

. 1 1001100 110 10100 11111 03111 03111 00111 00111 00111 00111 10110 1310 13110 6311 0110

8050 PINES BLVD SUITE 450 PEMBROKE PINES FL 33024 US		9050 PINES BLVD SUITE 450 PEMBROKE PINES FL : US	SUITE 450 PEMBROKE PINES FL 33024		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/16/1993				
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			<u>65-0448810</u>	Not Applicable			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Str	ate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	7ip	Country 30		This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent			
V	ALDEZ, WILLIAM J		81 1	Name					
	050 PINES BLVD. FUITE 450		82 5	Street Address	s (P.O. Box Number is Not Acceptable)				
	EMBROKE PINES FL 33024		83	(<u>, , , , , , , , , , , , , , , , , , , </u>				
			84	City		85 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	:								
40	Signature, typed or printed manie of registered a	yor and tille if applicable (NO	DTE: Registered Agent s	signature required v	ADDITIONS/CHANGES TO OFFICERS A				
12. TITLE	DP OFFICE NO ALL	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF ICENS A	Change Addition			
	VALDEZ, WILLIAM J					C Original C Montrell			
NAME	EAN BRAL MATLE AUC		1.2 NAME 1.3 STREET AD	ACDEOG					
STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 3302	8	1.4 CITY-ST-2						
TITLE	VST	DELETE	2.1 TITLE			Change Addition			
NAME	VALDEZ, WILLIAM J		2.2 NAME		·				
STREET ADDRESS	510 NW 89TH AVE		2.3 STREET AD	OORESS	-				
CITY-ST-ZIP	PEMBROKE PINES FL 3302	В	2. 4 CITY - ST-	ZIP					
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition			
NAME			3.2 NAME	1					
STREET ADDRESS	s 		3.3 STREET AD	ORESS					
CITY-ST-ZIP			3.4. CITY- ST	ZIP					
TITLE		DELETE	4.1 TITLE			Change Addition			
NAME			4. 2 NAME	1					
STREET ADDRESS	s		4.3 STREET AD	DRESS					
CITY-ST-ZIP			4.4 CITY - S1 - 2	ZIP					
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS	s 		5.3 STREET AD	DRESS					
CITY-ST-ZIP			5.4 CITY - ST - 2	ZIP					
TITLE	1	DELETE	6.1 TITLE			Change Addition			
NAME			6.2 NAME						
STREET ADDRESS	<u>, </u>		6.3 STREET AD	DRESS					
OTTO OT TIP	`		6.4 CITY OT 3	- 1					

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 supplienental 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an artifess.