

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000088094**

Corporation Name
ACTA ESTATES, INC.

Principal Place of Business Mailing Address
Michael Bodha (ROGERS WOOD HILL ET AL)
TAMAMI TRAIL, N
NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1993	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0461187	
City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOERIO, TOM ROGERS, WOOD, HILL, STARMAN & GUSTASON 4099 TAMAMI TRAIL NORTH NAPLES FL 34103				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS ZIP		DELETED		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		DELETED		1.2 NAME	
ADDRESS ZIP		DELETED		1.3 STREET ADDRESS	
ADDRESS ZIP		DELETED		1.4 CITY-ST-ZIP 34103	
ADDRESS ZIP		DELETED		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		DELETED		2.2 NAME	
ADDRESS ZIP		DELETED		2.3 STREET ADDRESS	
ADDRESS ZIP		DELETED		2.4 CITY-ST-ZIP 34103	
ADDRESS ZIP		DELETED		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
ADDRESS ZIP		DELETED		3.2 NAME S	
ADDRESS ZIP		DELETED		3.3 STREET ADDRESS CLACTON, ULRIKA	
ADDRESS ZIP		DELETED		3.4 CITY-ST-ZIP 4099 TAMAMI TRAIL N.	
ADDRESS ZIP		DELETED		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		DELETED		4.2 NAME	
ADDRESS ZIP		DELETED		4.3 STREET ADDRESS	
ADDRESS ZIP		DELETED		4.4 CITY-ST-ZIP	
ADDRESS ZIP		DELETED		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		DELETED		5.2 NAME	
ADDRESS ZIP		DELETED		5.3 STREET ADDRESS	
ADDRESS ZIP		DELETED		5.4 CITY-ST-ZIP	
ADDRESS ZIP		DELETED		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS ZIP		DELETED		6.2 NAME	
ADDRESS ZIP		DELETED		6.3 STREET ADDRESS	
ADDRESS ZIP		DELETED		6.4 CITY-ST-ZIP	

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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED**

08-25-99

CR2E034 (5/99)