Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9400005705

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

ACTION CRANE TECH, INC.

ı	Principal Place of Business					
	18113 SWEET JASMINE DR TAMPA FL 33647 US					

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

18113 SWEET JASMINE DRIVE TAMPA FL 33647

26

27

28

29

Zip

May 03, 1999 8:00 am Secretary of State

05-03-1999 90042 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/14/1994 4. FEI Number

59-3219968

			81	Name	مينين د در _{ميد} ا	- 2 イベクタ ディクス				
PINCIOTTI, GLENN F					Street Address (D.O. Box Number in Not Assestable)					
18113 SWEET JASMINE DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
TAM	PA FL 33647		83			_				
						_	_	I1		
			84	City			FL	85 Zip (code	
11 Dureuant	to the provisions of Sections 607.0502 and 607.1508.	Florida Statutes	the above	-name	d corporation submits th	is statement for the pu	mose of	changing its	registered	
office or re	egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was author	orized by 1	the cor	poration's board of direc	tors. I hereby accept	the appoir	tment as re	gistered	
SIGNATURE	<u> </u>						DATE			
	Signature, typed or printed name of registered agent and title if applicable			t signature	required when reinstating)	/CHANGES TO OFFI		D DIRECTO	DS IN 12	
12.	OFFICERS AND DIRECTORS	DELETE	13.		ADDITIONS	CHANGES TO OFFI	CENS AN	☐ Change	☐ Addition	
TITLE	D .	(") DELETE			İ	2		Gridings		
NAME	PINCIOTTI, GELNN F		1.2 NAME					1		
STREET ADDRESS	18113 SWEET JASMINE DRIVE		1.3 STREET	ADDRES	5	.*	•			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST	-ZIP	 			П.С	☐ Addition	
TITLE	D	☐ DELETE	2.1 TITLE					Change	∐ Addition	
NAME	PINCIOTTI, DIANA		2.2 NAME							
STREET ADDRESS	18113 SWEET JASMINE DRIVE	1	2.3 STREET	ADDRES	S	But the said		•		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-S	T-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRES	s					
CITY-ST-ZIP			3.4 CITY-S	T- ZIP				_		
TITLE		☐ DELETE	4.1 TITLE	·				☐ Change	☐ Addition	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET	ADDRES	3					
CITY-ST-ZIP			4.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TITLE			•		Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRES	s					
CITY-ST-ZIP			5.4 CITY-ST	~ZIP						
TITLE		DELETE	6.1 TITLE		†			Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRES	s					
			6.4 CITY-ST	-ZIP						
CITY-ST-ZIP	ertify that the information supplied with this filing doe	s not qualify for the	exempli	on state	 ed in Section 119.07(3)(i), Florida Statutes. I fr	urther cert	ify that the i	nformation	
indicated	on this annual report or supplemental annual report is	s true and accurate	and that	my sig	nature shall have the sa	me legal effect as if n	rade unde	r oath; that	am an	

Country

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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: