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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000011176 (2)

ACTION COMPUTERS, INC.

FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 (001/60) (in 18/1/ a/0)/ anii anii anii anii anii ilan: 1	-BEE 36010 BEIT 1801
1901 SE FT KING ST 1901 SE FT KING ST OCALA FL 34471 OCALA FL 34471					DO NOT WRITE IN THIS SPACE	; }
					3. Date Incorporated or Qualified	
					02/04/1994	
2. Principal Place of Business 2a. Mailin		2a. Mailing Address	ling Address		4. FEI Number	Applied For
21	26				59-3232814	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			.75 Additional
22 27		27			6. Certificate of Status Desired	ee Required
City & State		City & State	City & State			5.00 May Be
23		28			Trust Fund Contribution	dded to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current ye	
24	25		30		Personal Property Tax due June 30. 🔏 Yes	
Name and Address of Current Registered Agent				B1 Name	10. Name and Address of New Registered Agent	
	NFFORD, JEFF]	Name		
1901 SE FT KING ST			Ī	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
OCALA FL 34471			ļ.			
]'	83		
			į,	B4 City	85	Zip Code
					FL **	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida. Such change was at	uthorized	by the corporat	poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointment	as registered
SIGNATURE						
				Agent signature requi		OTOBO IN 10
12.		DELETE	13.	· · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	D OTAFFORD IPEE		1.1 TITLE 1.2 NAME		□ 3	ange [
NAME	STAFFORD, JEFF		1.3 STREET ADDRESS			
STREET ADDRESS	1901 SE FT KING ST					
CITY-ST-ZIP	OCALA FL 34471	DELETE		Y-ST-ZIP	Пс	nange Addition
TITLE	D OTHEROOD OFF	☐ DELETE	2.1 TITL		L 0	ange LI Addition
NAME	STAFFORD, PATTI		2.2 NA			
STREET ADDRESS	1901 SE FT KING ST			EET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471	DELETE		Y-ST-ZIP	□ cr	nange
TITLE		L.J VELETE	3.1 T(T)			ango LI Addition
NAME			3.2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		Districts		Y-ST-ZIP		nange
TITLE		☐ DELETE	4.1 TiTi			ango 🗀 Maunioti
NAME			4. 2 NA	1		
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP		DC CTC	-	Y - \$T - ZIP	По	annes Addition
TITLE		L DELETE	5.1 TITL		□ Ch	nange L Addition
NAME			5.2 NAN			
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELE TE	6.1 TITL	[☐ Ch	nange 🗀 Addition
NAME			6.2 NAM	NE		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP				V-ST-ZIP	Section 119 07/3Vi) Florida Statutes I further certify th	
and thereases a	المستلك ومريم سيتكو ومساوست سياو وبارو ويهدون		THA OVAL	antian atatan ia	Species 119 (1773) Herrida Statistae I tillhat cartityth	OUTDOMOTION

I hereby certify that the information supplied with this filling 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.