

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P940000 3385Y**
1. Corporation Name **ACTION PLUS INC.**

Principal Place of Business Mailing Address
5849 BOGGS FORD Rd. SAME
PORT ORANGE, FL, 32127

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 5/2/94 3a. Date of Last Report 8/2/1996 4. FEI Number 59-3257027 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MENI JAMIL 5849 BOGGS FORD Rd. PORT ORANGE, FL 32127	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 12.1 NAME P MENI JAMIL <input type="checkbox"/> DELETE 12.2 STREET ADDRESS 5849 BOGGS FORD Rd. 12.3 CITY-ST-ZIP PORT ORANGE, FL 32127 12.4 NAME V P MENI JOSETTE <input type="checkbox"/> DELETE 12.5 STREET ADDRESS 5849 BOGGS FORD Rd. 12.6 CITY-ST-ZIP PORT ORANGE, FL 32127	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 400002252304--3 13.3 STREET ADDRESS -07/30/97--01050--002 13.4 CITY-ST-ZIP ***173.75 *****173.75 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP 13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP 13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP 13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP 13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP 13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP 13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP 13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP 13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP 13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP 13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP 13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP 13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP 13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP 13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP 13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP 13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP 13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP 13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP 13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP 13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-ST-ZIP

14. I do 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 in Block 14, if added, with an address.

SIGNATURE: **James E. Moore** **7/22/97 (904) 756-062**

ACTION PLUS INC.
5849 BOGGS FORD RD.
PORT ORANGE, FL 32127

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7/22/97

TO WHOM IT MAY CONCERN:

PLEASE NOTE THAT I HAVE NOT RECEIVED
THE 1st NOTICE OF ANNUAL REPORT, NOTING
CHANGES IN FEES I HAVE CALLED AFTER
WE MOVED LOCATION TO OUR CURRENT ONE
AT THE END OF JUNE AND SPOKE TO
THREE AGENTS I GOT MY BLANK FORM
TODAY. PLEASE HELP ME RESOLVE THIS
MATTER I WAS TOLD TO WRITE THIS LETTER
INCLUDING A CHECK OF $165 + 875 = 17375$
THANKING YOU IN ADVANCE FOR
YOUR COOPERATION. James E. Moore
PRESIDENT