FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

30

1996

P95000014268 (3) DOCUMENT

ACTION SYSTEMS INTERNATIONAL, INC.

Country

25

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc

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1862 FINN HILL DRIVE LANTANA FL 33462

Suite, Apt. #. otc.

City & State

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1862 FINN HILL DRIVE LANTANA FL 33462

Date Incorporated or Qualified Octoor 1005	3a. [3a. Date of Last Report					
02/20/1995 FEI Number			1	1.4	ممانمه	, r.,	
65-0559095	-		-	-	pplied		
63-0301075			<u>¢ p</u>	_		plicable	
- Certificate of Status Desired			\$8.75 Additional Fee Required				
i. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees			
This corporation has liability for	r intangibi	e tax ı					
	s 🗶 No					* · · ·	
). Name and Address of New	Register	ed Ag	ent				
P.O. Box Number is Not Accepta	ıbie)						
		-	85	Zip	Code	3	
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9. IV	ane and Address of Content Registered Agent	L		IV. Hallie allu Muulees vi Hen negietei	An Wholir	
SARKELA, STEVE T 1862 FINN HILL DRIVE			Name			
			82 Street Address (P.O. Box Number is Not Acceptable)			
LANTANA FL 33		83				
					85 Z	ip Code
or registered agent	ovisions of Sections 607.0502 and 607.1508, Florida Statutes, the t, or both, in the State of Florida. Such change was authorized by taccept the obligations of, Section 607.0505, Florida Statutes.	above-r	l named co loration's	progration submits this statement for the purpose of	changing its	registered office d agent. I am
SIGNATURE	type I or prove a name of registered agent and the Hansi cable (NOTE Regis		st e avature r	equired when reinstaling) DA		
		3.	il signature i	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.				P/D	Change	Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this analysis 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 considerion 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 or an arachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR