

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

**FILED**

**Mar 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P95000014268 (3)**

**1. Corporation Name  
ACTION SYSTEMS INTERNATIONAL, INC.**



**Principal Place of Business  
1862 FINN HILL DRIVE  
LANTANA FL 33462**

**Mailing Address  
1862 FINN HILL DRIVE  
LANTANA FL 33462-5029**

**3. Date Incorporated or Qualified  
02/20/1995**

**3a. Date of Last Report  
06/25/1996**

**2. Principal Place of Business  
21 1021 ANDREW REDDING RD  
Suite, Apt. #, etc.**

**2a. Mailing Address  
26 1021 ANDREW REDDING RD  
Suite, Apt. #, etc.**

**4. FEI Number  
65-0559095**

**Applied For  
Not Applicable**

**22 City & State  
LAKE WORTH, FL**

**27 City & State  
LAKE WORTH, FL**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**23 Zip 33462 Country**

**29 Zip 33462 Country**

**6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees**

**24**

**30**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SARKELA, STEVE T  
1862 FINN HILL DRIVE  
LANTANA FL 33462**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

**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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARKELA, STEVE T	
STREET ADDRESS	1862 FINN HILL DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SARKELA, HEIDI L	
STREET ADDRESS	1862 FINN HILL DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1021 ANDREW REDDING RD	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33462	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1021 ANDREW REDDING RD	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33462	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 on an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2-25-97**

CR2E034 (9/96)