## Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90050 008 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000020647
4. Corneration Name	. 00000=00

Corporation Name

ACTION	FABRICATION, INC.				
Principal Place	of Business	Mailing Address			
3120 S PEMBROKE RD 5015 SW 92 TERR 212 & 112 COOPER CITY FL 33328 PEMBROKE PINES FL 33023 US			DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed 03/14/1995
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number Applied For NOT APPLICABLE Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country 25	Zip 29 36	Country		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
COHEN, ARTHUR P ESQ 1 EAST BROWARD BLVD. SUITE 700 FT. LAUDERDALE FL 33301			81 82 83	Name Street A	Address (P.O. Box Number is Not Acceptable)
			84	City	FL 85 Zip Code
office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was auth	onzed by	named o	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	sent and title if applicable (NOTE: Re	nastered Agen	Signature re	quired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		P Change ☐ Additi
NAME	SQUARTINO, GLORIA	•	1.2 NAME		SQUARTINO GIORIA 5015 SW 92 TERR 23278
STREET ADDRESS	201 180TH DRIVE, #313		1.3 STREET	ADDRESS	5015 SW 92 TERR 22720
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		1.4 CITY-ST	710	100 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	V	<b>☑</b> DELETE	2.1 TITLE		Change Additi
NAME	SQUARTINO, FRANK		2.2 NAME	ļ	SQUARTITU PERMIC
STREET ADDRESS	201-180TH DRIVE, #313		2.3 STREET	ADDRESS	SQUARTITO FERMIL STOLER GOIS SW 92 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33		2.4 CITY-S		CONFECITY FL 33368
		□ DELETE	3 1 TITLE		Change ☐ Addit

TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

9546803615 Davlume Phone #