

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045711 (5)

1. Corporation Name

ACTION SPRINKLERS, INC.



Principal Place of Business

9307 N.W. 49TH PLACE
SUNRISE FL 33351

Mailing Address

9307 N.W. 49TH PLACE
SUNRISE FL 33351

3. Date Incorporated or Qualified
06/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9307 NW 49 PL

26 9307 NW 49 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SUNRISE FL

28 SUNRISE FL

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0581017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

TRUMBACH, ANDREW
7852 WILES ROAD
CORAL SPRINGS FL 33067

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6991 W. BROWARD BLVD SUITE 1054

83

84 City

Plantation

FL

85 Zip Code

33317

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 PRESIDENT
NAME RICHARD LAMPIASI
STREET ADDRESS 4654 NW 43 TERR
CITY-STATE-ZIP SUNRISE FL 33351

TITLE TREASURER
NAME PETER M PARAGONE
STREET ADDRESS 17 FIEMMING CT
CITY-STATE-ZIP FT LAUDERDALE FL 33064

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 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:

Richard Lampiasi / RICHARD LAMPIASI

3/5/96

749-9794(954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)