

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000049467 (0)

1. Corporation Name
ACTION ACCOUNTING, INC.

Principal Place of Business

Mailing Address

956 N. COCOA BLVD.
SUITE 1119
COCOA FL 32922

956 N. COCOA BLVD.
SUITE 1119
COCOA FL 32922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 635 BREVARD AVE	26 635 BREVARD AVE	3. Date Incorporated or Qualified 06/15/1995	
Suite, Apt. #, etc.		4. FEI Number 59-3320419	
22	27	Applied For Not Applicable	
City & State 23 COCOA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 32922 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 COCOA, FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29 32922		30 USA	

9. Name and Address of Current Registered Agent

GILES, JOHN D
956 N. COCOA BLVD.
SUITE 1119
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name J. D. GILES
82 Street Address (P.O. Box Number is Not Acceptable) 635 BREVARD AVE
83
84 City COCOA
85 Zip Code FL 32922

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILES, LINDA T 2533 MEADOW LN COCOA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GILES, JOHN D SR 2533 MEADOW LN COCOA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILES, JOHN D JR 12 PARNELL STREET MERRITT ISLAND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD JOHN D. GILES, JR, AKA JAY GILES 2533 MEADOW LN COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Linda T. Giles

4/20/98

402-638-1744

CR2E034 (1097)