

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

FILED
May 09 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 # P96000025658 (1)

1. Corporation Name
ACTION ASSOCIATES, INC.

Principal Place of Business
856 NO COCOA BLVD. STE 1119
COCOA FL 32922-7569

Mailing Address
856 NO COCOA BLVD. STE 1119
COCOA FL 32922-7569



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3369280		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GILES, JOHN D SR. 1108 KIRKLAND DRIVE COCOA FL 32922-6728				81 Name JOHN DENNIS GILES, SR.			
				82 Street Address (P.O. Box Number is Not Acceptable) 956 N. COCOA BLVD			
				83 SUITE 1119			
				84 City COCOA			
				FL 85 Zip Code 32922-7569			

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 John Dennis Giles, Sr. JOHN DENNIS GILES, SR. 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, JOHN D		1.2 NAME		
STREET ADDRESS	1108 KIRKLAND DRIVE		1.3 STREET ADDRESS	2533 MEADOW LANE	
CITY-ST-ZIP	COCOA FL 32922-6728		1.4 CITY-ST-ZIP	COCOA, FL 32926	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARGRAVE, TRUDEE		2.2 NAME	LINDA TERRY GILES	
STREET ADDRESS	930 JACARANDA DRIVE		2.3 STREET ADDRESS	2533 MEADOW LN.	
CITY-ST-ZIP	BAREFOOT BAY FL 32978		2.4 CITY-ST-ZIP	COCOA, FL 32926	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, JOHN D JR.		3.2 NAME		
STREET ADDRESS	56 WINAR DRIVE		3.3 STREET ADDRESS	12 PARNELL ST.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: John Dennis Giles, Sr.

4/29/97 429-628-4244

CR2E034 (9/96)