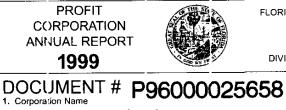
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ACTION ASSOCIATES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90104 014 ***150.00

Principal Place	e of Business	Mailing Address			T T T T T T T T T T T T T T T T T T T	Bills BBist datt BBiss	W 18 15 B	I		
635 BREVARD AVE		635 BREVARD AVE								
COCOA FL 32922		COCOA FL 32922			DO NOT WOITE IN THE SPACE					
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				1
						03/10/1996	Qualifeu			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		l+	prlied For	
21		26				59-3369280			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifc ate of Status	Desired		Additional ecuired	
City & State		City & State				6. Election Campaign	Financing	\$5.00	May Be	İ
23		28				Trust F und Contribu	ition	Added	tc Fees	
Zip Cour try		Zip Cos		ountry		8. This corporation ow	es the current yea	r ntangible		
24	25	29	30			Persor al Property		Yes	(MXNO	
	9. Name and Address of Curren	t Registered Agent	gistered Agent			10. Name and Addres	s of New Registe	red Agent		-
OU. E	20 10111 5 05			81	Name					
	S, JOHN D SR.		82 Street Ac			ess (P.O. Bo) Number is I	lot Acceptable)			1
635 BREVARD AVE				63			O AVE			
- GTE #110				83						
COC	OA FL 32922			84	City			85 Zip	Code	1
]	\mathcal{L}	COA		FL 33	1422-780,	7
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	cf Florida. Such change wa	is authorized	ועסים	tne corporatio	oration submits this statem on's board of directors. I he	neby accept the a	prominent as i	s registered egistered	
SIGNATURE	Lader of Tile	12/81.					7-2	1-99		1
Signature, typed or printed name of registered agent and title if applicable (NOT			_ <u> </u>	Registered Agent signature require		d when reinstating) ADDITIONS/CHANG	DAT	E AND DIRECT	ODC IN 12	√ á
12.		ID DIRECTORS	13.	m c		ADDITIONS/CHANG	ES TO OFFICER	Change		1 3
TITLE	PSTD								_	
NAME	GILES, JOHN D		12N							8
STREET ADDRESS	2533 MEADOW LANE		•		ADDRESS				•	5
CITY-ST-ZIP	COCOA FL 32926	DELETE		ITY-SI	1-ZIP		<u>-</u>	Change	Addition	ქ
TITLE	VD CHECK LINDA T	DELETE								
NAME	GILES, LINDA T			AME TOTAL	. ADODEGO					
STREET ADDRESS	2533 MEADOW LANE			2.3 STREET ADDRESS 2. 4 City-St-ZiP						
CITY-ST-ZIP	COCOA FL 32926 VD	DELETE			1-ZIP			Change	Addition	1
TITLE	, ·-	M. DECE IO	3.2 N							
NAME	GILES, JOHN D JR. 2533 MEADOW LN				ADDRESS					
STREET ADDRESS	COCOA FL 32926			CITY-S						
CITY+ST-ZIP TITLE	COCOA FE 32920	DELETE			1-217			Change	Addition	1
				AME	ŀ				_	
NAME					ADDRESS					
STREET ADDRESS				ITY-SI						
CITY-ST-ZIP TITLE		☐ DELETE			1-4,11				Addition	1
			5.2 N							
NAME STREET ADDRESS					ADDRESS					
				5.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				1 TITLE				Change	☐ Addition	1
NAME			6.2 N	AME				~		
					ADDRESS					
STREET ADORESS										1

14. I heret y certify that the information supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: