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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000063549 (5)

ACTION BEEPERS, INC.

Principal Place of Business

Mailing Address

FILED Apr 10 1998 8:00am Secretary of State



1325 E. VINE STREET KISSIMMEE FL 34744		1925 E. VINE STREET KISSIMMEE FL 34744		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 07/29/1996	
2. Principal P	lace of Business	2a. Mailing Address		•.	4. FEI Number	Applied For
21		26			59-3395011	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country —	1	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Cu		30			Yes No
FIA	·· ·	trant Habisteled Agent	81	Name	10. Name and Address of New Registered	Agent
	HER, MICHELLE		°'	Ivaille		
1325 E. VINE STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34744			83			
			63			
			84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the abov	e-named co	rooration authority this ptotoment for the number of	f changing its registered
OTHER OF I	egi ste red agent, or both, in the S	tate of Florida. Such change was a bligations of, Section 607.0505, Flor	utharized bi	v the coroors	ation's board of directors. I hereby accept the app	pointment as registered
	and descept the s	origaniona bi, oddion dos ibodo, mai	inda Otalolo	5,		
SIGNATURE	Signature, typed or printed name of registere	d agent and lifte if applicable (NOTC	Registered Age	on signature requ	uired when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FISHER, MICHELLE		1.2 NAME]
STREET ADDRESS	1325 E. VINE STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY - S	1 - ZIP		
TITL€	DVP	DELETE	2.1 TITLE			Change Addition
NAME	FISHER, KARL J	2.2 N			, .	
STREET ADDRESS	1325 E. VINE STREET		2.3 STREET	ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		2. 4 CITY-	ST - ZiP		
TITLE	DS	DELETE	3.1 TITLE			Change Addition
NAME	FISHER, JACK		3.2 NAME			
STREET ADDRESS	1325 E. VINE STREET		3.3 STREET	ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4. CITY - 9	ST - ZIP		
TITLE	DT	☐ DELETE	4.8 TITLE			Change Addition
NAME	FISHER, SUE		4.2 NAME			
STREET ADDRESS	1325 E. VINE STREET		4.3 STREET	address		
CITY-ST-ZIP	KISSIMMEE FL 34744		4.4 CiTY-S	r-zip		
TITLE		☐ DELET e	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE1	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	T-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.