## 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 # P96000077231 (4)

ACTION	I FUNDING COMPANY, INC	00//231 (4) C.		
Principal Plac	e of Business	Mailing Address		
1629 JACKSON STREET FT MYERS FL 33901		P O BOX 1271 FT MYERS FL 33902		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				09/16/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0701271 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	A	City & State	<del></del>	
3		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
4	25	29	30	Personal Property Tax due June 30. Yes No
	Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
CA	rta, steven		81 N	Name
162	9 JACKSON STREET		82 St	Street Address (P.O. Box Number is Not Acceptable)
FT	MYERS FL 33901		<u> </u>	
			83	
			84 C	City 85 Zip Code
	·			FL V
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature, typed or printed name of registered age	_		amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELÉTE	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, F W		1.2 NAME	
STREET ADDRESS	2027 W FIRST STREET		1.3 STREET ADDE	DRESS
CITY-ST-ZIP	FT MYERS FL 33901		1.4 CITY - ST - ZIF	
TITLE		☐ DELETE	21 TITL€	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDI	DRESS
CITY-ST-ZIP		·····	2. 4 CITY - ST - ZI	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDI	PRESS
CITY-ST-ZIP			3.4. CITY - ST - ZI	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDA	YRESS
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY - ST - ZIP	
TITLE		L DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDR	DRESS I

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 actual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the refleight 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 refleight 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 refleight 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 refleight or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

FWENGEL

3/19/90 94/33494

☐ Change

Addition

**FILED** 

Mar 26 1998 8:00am

Secretary of State