


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

FILED
Feb 02 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 # **P97000076731 (3)**

1. Corporation Name

ACTION RESTORATION, INC.

Principal Place of Business

Mailing Address

**3050 N.E. 13TH AVENUE
POMPAÑO BEACH FL 33064**

**3050 N.E. 13TH AVENUE
POMPAÑO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

65-0778884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5491 NW 15 Street

Suite, Apt. #, etc.

22 Bay 30

City & State

23 Margate, FL

Zip

24 33063

Country

25 US

2a. Mailing Address

26 5491 NW 15 Street

Suite, Apt. #, etc.

27 Bay 30

City & State

28 Margate, FL

Zip

29 33063

Country

30 US

9. Name and Address of Current Registered Agent

**GUZMAN, DAVID
3050 N.E. 13TH AVENUE
POMPAÑO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

Robert S. Forman, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

2101 W Commercial Boulevard

83

Suite 4100

84 City

Fort Lauderdale

FL

85 Zip Code
33309

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GUZMAN, DAVID**
STREET ADDRESS **3050 N.E. 13TH AVENUE**
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE **VD** ☒ DELETE

NAME **DOWNEY, MICHAEL**
STREET ADDRESS **3050 N.E. 13TH AVENUE**
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE **STD** ☒ DELETE

NAME **DOWNEY, CONNIE**
STREET ADDRESS **3050 N.E. 13TH AVENUE**
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE **D** ☒ DELETE

NAME **WILKING, EDWIN**
STREET ADDRESS **10710 W SAMPLE ROAD**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition

1.2 NAME **David Guzman**
1.3 STREET ADDRESS **5491 NW 15 Street**
1.4 CITY-ST-ZIP **Margate, FL 33063**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE:

David Guzman

PASS.

1-19-98

975-9753

CR2E034 (10/97)