


**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90007 025 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																			
<b>DOCUMENT # P98000006373</b> 1. Corporation Name <b>ACT MANAGEMENT OF FLORIDA, INC.</b>																					
Principal Place of Business 6921 SW 3RD ST. PEMBROKE PINES FL 33023		Mailing Address 6921 SW 3RD ST. PEMBROKE PINES FL 33023																			
2. Principal Place of Business 21		2a. Mailing Address 26																			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																			
City & State 23		City & State 28																			
Zip 24		Zip 29																			
Country 25		Country 30																			
9. Name and Address of Current Registered Agent JOHNSON, VIRGINIA M 6921 SW 3RD ST. PEMBROKE PINES FL 33023																					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL																					
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																					
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%;">           D            JOHNSON, VIRGINIA M            6921 SW 3RD ST.            PEMBROKE PINES FL 33023         </td> <td style="width:50%;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td></td> <td> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td></td> <td> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td></td> <td> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td></td> <td> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td></td> <td> <input type="checkbox"/> DELETE         </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, VIRGINIA M 6921 SW 3RD ST. PEMBROKE PINES FL 33023	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           1.1 TITLE            1.2 NAME            1.3 STREET ADDRESS            1.4 CITY-ST-ZIP         </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           2.1 TITLE            2.2 NAME            2.3 STREET ADDRESS            2.4 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           3.1 TITLE            3.2 NAME            3.3 STREET ADDRESS            3.4 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           4.1 TITLE            4.2 NAME            4.3 STREET ADDRESS            4.4 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           5.1 TITLE            5.2 NAME            5.3 STREET ADDRESS            5.4 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           6.1 TITLE            6.2 NAME            6.3 STREET ADDRESS            6.4 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)