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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000011549			
1. Corporation Name ACTION SERVICE GROUP, INC.			
Principal Place of Business 5320 NW 55 BLVD STE 206 COCONUT CREEK FL 33073		Mailing Address 5320 NW 55 BLVD STE 206 COCONUT CREEK FL 33073	
2. Principal Place of Business 21 4830 Mariners Way Suite, Apt. #, etc. 22 Suite E City & State 23 Coconut Creek Zip 24 33063 Country 25 USA		2a. Mailing Address 26 4830 Mariners Way Suite, Apt. #, etc. 27 Suite E City & State 28 Coconut Creek Zip 29 33063 Country 30 USA	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Juliana Franca 82 Street Address (P.O. Box Number is Not Acceptable) 5961 N. Federal Hwy 83 84 City Pompano Beach FL 85 Zip Code 33064	
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 <u>Juliana Franca</u> DATE <u>3/29/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>RD</u> <input type="checkbox"/> DELETE NAME <u>BARBOSA, ANDRIANO X</u> STREET ADDRESS <u>5320 NW 55 BLVD, STE 206</u> CITY-ST-ZIP <u>COCONUT CREEK FL 33073</u>		1.1 TITLE <u>PTD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <u>ADRIANO XAVIER BARBOSA</u> 1.3 STREET ADDRESS <u>4830 MARINERS WAY #E</u> 1.4 CITY-ST-ZIP <u>COCONUT CREEK, FL 33063</u>	
TITLE <u>VD</u> <input type="checkbox"/> DELETE NAME <u>DEMELO, MARCO A</u> STREET ADDRESS <u>5320 NW 55 BLVD, STE 206</u> CITY-ST-ZIP <u>COCONUT CREEK FL 33073</u>		2.1 TITLE <u>VD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <u>ADRIANO XAVIER BARBOSA</u> 2.3 STREET ADDRESS <u>4830 MARINERS WAY #E</u> 2.4 CITY-ST-ZIP <u>COCONUT CREEK, FL 33063</u>	
TITLE <u>S</u> <input type="checkbox"/> DELETE NAME <u>GIANI DEL CIAMPO, DANIELA</u> STREET ADDRESS <u>5320 NW 55 BLVD, STE 206</u> CITY-ST-ZIP <u>COCONUT CREEK FL 33073</u>		3.1 TITLE <u>S</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <u>DANIELA GIANI DEL CIAMPO</u> 3.3 STREET ADDRESS <u>4830 MARINERS WAY #E</u> 3.4 CITY-ST-ZIP <u>COCONUT CREEK, FL 33063</u>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/99 954-786-7180

CR2E034 (11/98)