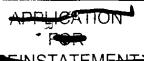
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.









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DOCUMENT # P98000068649

1. Corporation Name

CTION BUSINESS CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1011 LANDOVER CIRCLE COLANDO FL 32821 4811 LANDOVER CIRCLE ORLANDO FL 32821

SECRETARY OF STATE TIALLIAHASSEE, FLORIDA	

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If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 414 South Haw Haven Circle							4. Date Incorporated or Qualified To Do Business in Florida 08/06/1998			
Suite, Apt 14/1/n Dityra Sta	. /	prings FL	Suite, Apt. # City & State	South	Han	Aborn Cit	5. FEI Number		00,00,10	Applied For Not Applicable
^{Zip} 327	108	Country USA	Winter 327	J	Country	SA	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Addit	ional Fee required
		Addresses of Each Officer and	/or Director (Flo	rida nonprof	fit corporatio	ons must list at lea	st 3 directors)			
Title(s)	s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PSTD	MUSKAT, RICHARD F				4811 LANDOVER CIRCLE			ORLANDO FL 32821		
D	MUSKAT, RICHARD F			4811 LANDOVER CIRCLE				ORLANDO FL 32821		
							7	000031: -03/29/0 ****150	001069	
		·								SP
	8. N	lame and Address of Current	Registered Age	.l ent			9. Name and	Address of New Regist	ered Agent	
		<u> </u>				Name Ria /	OE	Muskat	4- Vac	0/
	RILAWYER					Street Address (F	O. Box Number	is Noi Acceptable)		el
	ilmeria a Il gables	VENUE S FL 33134				Suite, Apt. #, Etc	S. Han	thorn Cir	cle	
						City La (u)	ter Specialisms of Section	ion 607.0505, F.S.	State Zip C	ode 2708
ignature egistered	of	d the registered agent of the ab	EGISTERED AC	7 miles	b 1	uchard	1 Tuski	1 /0 0	taber	27/999
this re	instatement by the corpo	an officer or director or the rece capplication, the reason for dissocration have been paid and he is true and accurate, and my s	solution has beer names of individual	n eliminated, duals listed (, the corpora on this form e legal effec	ate name satisfies do not qualify for Jas if made unde	s the requirements r an exemption un er oath.	s of section 607.0401 or	, F.S. The info	rmation indicated
SIGNA	TURE:	SIGNATURE AND TYPED OR PE	PINTED NAME OF	SIGNING OFF	RICHA FICER OR DI	RD F /4	PUSKAT	October 2	7 / 999 Daylinie Pli	(407) 963-3310 sone #
	/									



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February 7, 2000

TO: Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FROM: Richard Muskat-Vogel

414 South Hawthorn Circle Winter Springs, FL 32708

As per earlier discussions with Sheila and Tyrone, and due to my Annual Report Fees being current, I respectfully request:

1) For the Reinstatement Fee to be waived

2) Registered Agent to be changed to Richard Muskat-Vogel

3) Address changes as detailed on form (Origonal sent October 27, 1999)

Thank you in advance for your attention in this matter, and please call me at (407)963-3310 if you need any information.

Respectfully,

Richard Muskat-Vogel

If the above details are satisfactory and acceptable, then please accept the enclosed check as the Annual Report Fee of \$150.00, which shall bring all fees owed current