
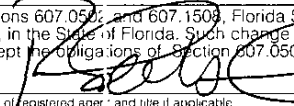
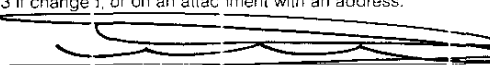


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90132 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098887 1. Corporation Name Catch the Action, Inc., formerly known as Action Excursions, Inc.			
Principal Place of Business 4134 Gulf of Mexico Dr. Longboat Key, FL 34228		Mailing Address 4134 Gulf of Mexico Dr. Longboat Key, FL 34228	
2. Principal Place of Business 21 4134 Gulf of Mexico Dr.		2a. Mailing Address 26 4134 Gulf of Mexico Dr.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Longboat Key, FL		City & State 28 Longboat Key, FL	
Zip 24 34228	Country 25 USA	Zip 29 34228	Country 30 USA
9. Name and Address of Current Registered Agent Robert E. Messick, Esq. Icardi, Merrill, Cullis, Timm, Furen & Ginsburg, P.A. 2033 Main Street, Suite 600 Sarasota, FL 34237		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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:  DATE: 4-13-99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P, VP, S, T & D <input type="checkbox"/> DELETE		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Van Ovelen, Kurt		12 NAME	
STREET ADDRESS: 4134 Gulf of Mexico Dr.		13 STREET ADDRESS	
CITY-STATE-ZIP: Longboat Key, FL 34228		14 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22 NAME	
STREET ADDRESS:		23 STREET ADDRESS	
CITY-STATE-ZIP:		24 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32 NAME	
STREET ADDRESS:		33 STREET ADDRESS	
CITY-STATE-ZIP:		34 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42 NAME	
STREET ADDRESS:		43 STREET ADDRESS	
CITY-STATE-ZIP:		44 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME	
STREET ADDRESS:		53 STREET ADDRESS	
CITY-STATE-ZIP:		54 CITY-STATE-ZIP	
TITLE: <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME	
STREET ADDRESS:		63 STREET ADDRESS	
CITY-STATE-ZIP:		64 CITY-STATE-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 change is, or on an attachment with an address.			
SIGNATURE: 		Date: 4-13-99 Cayman Phone # (941) 383-6942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)