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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22 1999 8:00 am
Secretary of State

DOCUMENT # **P98000102110**

1. Corporation Name
ACTION LEASING COMPANY

Principal Place of Business
401 EAST SEMORAN BLVD.
CASSELBERRY FL 34707

Mailing Address
401 EAST SEMORAN BLVD.
CASSELBERRY FL 34707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1998

4. FEI Number 59-3545183 [ ] 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 the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 200 North Thornton Ave
Suite, Apt. #, etc
27
City & State
28 Orlando, Florida
Zip 29 32801 Country 30

9. Name and Address of Current Registered Agent
SMITH, RANDALL C
200 NORTH THORNTON AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name Randall C. Smith, Esq
82 Street Address (P.O. Box Number is Not Acceptable) 200 North Thornton Avenue
83
84 City Orlando FL 85 Zip Code 32801

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 2/25/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filed alone) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	[X] DELETE
NAME	SMITH, RANDALL C	
STREET ADDRESS	200 NORTH THORNTON AVENUE	
CITY-ST-ZIP	ORLANDO FL 34801	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	PS	[ ] Change [X] Addition
12 NAME	Nancy Voegtlin	
13 STREET ADDRESS	401 East Semoran Blvd.	
14 CITY-ST-ZIP	Casselberry, FL 32707	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

100002823931--6
-03/30/99--01066--024
****150.00 ****150.00

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: Nancy Voegtlin Nancy Voegtlin, Sec. 2/26/99 (407) 767-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)