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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
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DOCUMENT # S74426

1. Corporation Name
ACTION USA, INC.

Principal Place of Business

265 9TH AVE N
ST PETE FL 33701
US

Mailing Address

POB 12689
ST PETE FL 33733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1991

4. FEI Number

59-3080995

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. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 275 9TH STREET NORTH
Suite, Apt. #, etc.

22 ST. PETERSBURG, FL.
City & State

23 ST. PETERSBURG, FL.
Zip Country

24 33704

25 PINELLAS

2a. Mailing Address

26 P.O. BOX 12689
Suite, Apt. #, etc.

27 ST. PETERSBURG, FL.
City & State

28 33733-2689
Zip Country

29 33733-2689

30 PINELLAS

9. Name and Address of Current Registered Agent

HAHN, STEPHEN

X 6 BRIGHWATERS CIRCLE, NE
ST. PETERSBURG FL 33704

275-9TH STREET NORTH

81 Name

STEPHEN HAHN

82 Street Address (P.O. Box Number is Not Acceptable)

275 - 9TH STREET NORTH

83 ST. PETERSBURG

84 City

ST. PETERSBURG

FL

85 Zip Code

33701

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

STEPHEN HAHN

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME HAHN, S
STREET ADDRESS 265 9TH AVE N
CITY-ST-ZIP ST PETE FL 33701

TITLE D ☐ DELETE

NAME WEISS, JIM
STREET ADDRESS 810 MAIN STREET
CITY-ST-ZIP CINCINATI OH

TITLE D ☐ DELETE

NAME THOMPSON, JERRY
STREET ADDRESS 6 BRIGHWATERS CIRCLE, NE
CITY-ST-ZIP ST. PETERSBURG FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 #

4-29-99 (727) 821-5000

CR2E034 (11/98)