

FILE NOW: FILING FEE AFTER 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63301** (8)
1. Corporation Name
ACT IV INCORPORATED



Principal Place of Business

1970 OSCEOLA PARKWAY
#344
KISSIMMEE FL 34743
US

Mailing Address

1970 OSCEOLA PARKWAY
#344
KISSIMMEE FL 34743
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/10/1992

3a. Date of Last Report
08/11/1995

4. FEI Number
59-3143127

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUSINESS SETUP SPECIALIST INC.
1830 CHERRYWOOD COURT
6170 CENTRAL AVE., SUITE G
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name
GINA P. LEMASTER

82 Street Address (P.O. Box Number is Not Acceptable)
1830 CHERRYWOOD COURT

83

84 City
ST. CLOUD

85 Zip Code
FL 34769

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Print Name and Address of Registered Agent)

(Date)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
D FREEMAN, NIKI J.
STREET ADDRESS
1970 OSCEOLA PARKWAY, #344
CITY-STATE-ZIP
KISSIMMEE FL

TITLE ☐ DELETE
NAME
D FREEMAN, BRIAN R.
STREET ADDRESS
1970 OSCEOLA PARKWAY, #344
CITY-STATE-ZIP
KISSIMMEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31 96

(407)348-3020

CR2E034 (12/95)