

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006528 (1)

1. Corporation Name
ACTION PERFORMANCE COMPANIES, INC.



Principal Place of Business 2401 W 1ST ST TEMPE AZ 85281	Mailing Address 2401 W 1ST ST TEMPE AZ 85281
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4707 E. Baseline Rd		2a. Mailing Address 26 4707 E Baseline Rd		3. Date Incorporated or Qualified 12/11/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 86-0704792	
City & State 23 Phoenix ARIZONA		City & State 28 Phoenix ARIZONA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 85040	Country 25 USA	Zip 29 85040	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP WAGENHALS, FRED W	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2401 W 1ST ST	1.2 NAME	
CITY-ST-ZIP	TEMPE AZ 85281	1.3 STREET ADDRESS	4707 E Baseline Rd.
TITLE	CEO WAGENHALS, FRED W	1.4 CITY-ST-ZIP	Phoenix AZ 85040
STREET ADDRESS	2401 W 1ST ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TEMPE AZ 85281	2.2 NAME	
TITLE	DSV WAGENHALS, TOD J	2.3 STREET ADDRESS	4707 E. BASELINE Rd
STREET ADDRESS	2401 W 1ST ST	2.4 CITY-ST-ZIP	Phoenix AZ 85040
CITY-ST-ZIP	TEMPE AZ 85281	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVT BESING, CHRISTOPHER S	3.2 NAME	
STREET ADDRESS	2401 W 1ST ST	3.3 STREET ADDRESS	4707 E. Baseline Rd
CITY-ST-ZIP	TEMPE AZ 85281	3.4 CITY-ST-ZIP	Phoenix AZ 85040
TITLE	D LLOYD, JACK M	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2401 W 1ST ST	4.2 NAME	
CITY-ST-ZIP	TEMPE AZ 85281	4.3 STREET ADDRESS	4707 E Baseline Rd
TITLE	D MANSCHOT, ROBERT H	4.4 CITY-ST-ZIP	Phoenix AZ 85040
STREET ADDRESS	2401 W 1ST ST	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TEMPE AZ 85281	5.2 NAME	
TITLE	D	5.3 STREET ADDRESS	4707 E Baseline Rd
STREET ADDRESS	2401 W 1ST ST	5.4 CITY-ST-ZIP	Phoenix AZ 85040
CITY-ST-ZIP	TEMPE AZ 85281	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.2 NAME	
STREET ADDRESS	2401 W 1ST ST	6.3 STREET ADDRESS	4707 E Baseline Rd
CITY-ST-ZIP	TEMPE AZ 85281	6.4 CITY-ST-ZIP	Phoenix AZ 85040

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.

SIGNATURE: _____

CR2E034 (10/97)