

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90220 006 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F96000006528

1. Corporation Name  
ACTION PERFORMANCE COMPANIES, INC.

Principal Place of Business  
4707 E BASELINE RD  
PHOENIX AZ 85040  
US

Mailing Address  
4707 E BASELINE RD  
PHOENIX AZ 85040  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/11/1996

4. FEI Number  
86-0704792

5. Certificate of Status Desired  Applied For  
 Not Applicable  
\$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees  
Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. 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  
85 Zip Code  
FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	WAGENHALS, FRED W	
STREET ADDRESS	4707 E BASELINE RD	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WAGENHALS, FRED W	
STREET ADDRESS	4707 E BASELINE RD	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	WAGENHALS, TOD J	
STREET ADDRESS	4707 E BASELINE RD	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BESING, CHRISTOPHER S	
STREET ADDRESS	4707 E BASELINE RD	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, JACK M	
STREET ADDRESS	4707 E BASELINE RD	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANSCHOT, ROBERT H	
STREET ADDRESS	4707 E BASELINE RD	
CITY-ST-ZIP	PHOENIX AZ 85040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 set forth in Attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/30/99 DAYTIME PHONE #: (602) 337-3700

CR2E034 (1/98)

UP30040