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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G52341** **(6)**

1. Corporation Name
AUTOMATED ELECTRONICS, INC.

Principal Place of Business	Mailing Address
6900 SW 21 CT UNIT 4 DAVIE FL 33317 US	17601 SW 59 CT UNIT 4 FORT LAUDERDALE FL 33331 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1983

2. Principal Place of Business
21: 17601 SW 59 CT
Suite, Apt. #, etc. 22:
City & State 23: FORT LAUDERDALE FL
Zip 24: 33331 Country 25: USA

2a. Mailing Address
26: 17601 SW 59 CT
Suite, Apt. #, etc. 27:
City & State 28: FORT LAUDERDALE FL
Zip 29: 33331 Country 30: USA

4. FEI Number: 59-2389503 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
LUPO, CHRISTINE
6900 SW 21 CT
UNIT 4
DAVIE FL 33317

10. Name and Address of New Registered Agent
81 Name: CHRISTINE LUPO
82 Street Address (P.O. Box Number is Not Acceptable): 17601 SW 59 CT
83: —
84 City: FORT LAUDERDALE FL 85 Zip Code: 33331

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: Christine Lupo Pres. DATE: 4/27/98
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SDP	☐ DELETE	1.1 TITLE	SDP	☑ Change ☐ Addition
NAME	LUPO, CHRISTINE A		1.2 NAME	LUPO, CHRISTINE	
STREET ADDRESS	6900 SW 21 CT, UNIT 4		1.3 STREET ADDRESS	17601 SW 59 CT	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Christine Lupo Pres. 4/27/98 904434402