

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P14485 (7)**  
1. Corporation Name  
**AUTO COMM INC.**



Principal Place of Business: **PANTHER VALLEY MALL, P.O. BOX 197, ALLAMUCHY, NJ. 07820**  
Mailing Address: **PANTHER VALLEY MALL, P.O. BOX 197, ALLAMUCHY, NJ. 07820**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	<b>6486 Hwy 179 STE 104</b>	<b>05/18/1987</b>	<b>04/04/1995</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>22-2765205</b>	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>Sedona AZ</b>	28	<b>Sedona AZ</b>	<input type="checkbox"/>	
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
25	Country	30	Country	<input type="checkbox"/>	
			<b>86351</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HASKAKIS, WILLIAM M.  
7001 ANDERSON ROAD  
TAMPA FL 33614**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and ID to it apply (also) (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMPSON, WILLARD R.</b>	1.2 NAME	
STREET ADDRESS	<b>118 RUSSELLING RD.</b>	1.3 STREET ADDRESS	<b>6486 Hwy. 179 STE 104</b>
CITY - ST - ZIP	<b>HACKETTSTOWN NJ</b>	1.4 CITY - ST - ZIP	<b>Sedona AZ 86351</b>
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL, CHARLES E.</b>	2.2 NAME	
STREET ADDRESS	<b>19645 RENSELLOR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LIVORIA MI 48152</b>	2.4 CITY - ST - ZIP	
TITLE	<i>Director</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>R Simpson</i>	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Flagstaff AZ</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: *W Simpson* **3-15-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)