

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90083 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P14485  
 1. Corporation Name  
**AutoComm, Inc.**

Principal Place of Business Mailing Address  
**70 Bell Rock Plaza, Suite D**  
**Sedona, AZ 86351-8804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/18/1987**

4. FEI Number  
**22-2765205**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **70 Bell Rock Plaza**

22 City & State 27 **Suite D**

23 Zip Country 28 **Sedona, AZ**

24 Zip Country 29 **86351-8804** 30 **Yavapai**

9. Name and Address of Current Registered Agent

**William M Haskakis**  
**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **President**  
 STREET ADDRESS **W.R. Simpson**  
**70 Bell Rock Plaza, #D**  
 CITY-ST-ZIP **Sedona, AZ 86351**

TITLE  DELETE  
 NAME **VP**  
 STREET ADDRESS **Charles E Neal**  
**737 Clinton Street**  
 CITY-ST-ZIP **Wyandotte, MI**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **VP**  
**Peter Daly**  
 1.3 STREET ADDRESS **29240 Buckingham, Suite 8C**  
**Livonia, MI 48154**  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME **VP**  
**Eric CiGettemy**  
 2.3 STREET ADDRESS **256 Third Street**  
**Neptune Beach, FL 32266**  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 on an attachment with an address, with all other like empowered.

SIGNATURE **W.R. Simpson** **March 30, 1999** **520-284-0080**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2F034-11198