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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000045821 (1)

AUTOO	MATERO INTERNATION	ALI IIIO III									
Principal Place of Business Mailing Address					t toditiods till thing aftit, matte matte matte matte denat andt todit andt todit						
629 PARK AVE ORANGE PARK FL 32073		629 PARK AVE ORANGE PARK FL 32073			DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualified						
					05/20/1996						
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For						
21		26			59-3382381 Not Applicable						
Suite, Apt. #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired S 8.75 Additional Fee Required						
City & State		City & State	├ ─ ┐ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution						
Zip 24	Country 25	Zip 29	Count	rý	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					10. Name and Address of New Registered Agent						
RO	WE AND ROWE, P.A.		. 8	1 Na	larne						
9471 BAYMEADOWS RD SUITE 203					82 Street Address (P.O. Box Number is Not Acceptable)						
	XSONVILLE FL 32258		8	3							
			8	4 Ci	FL 85 Zip Code						
office or re	o the provisions of Sections 607, egistered agont, or both, in the S m familiar with, and accept the of	tate of Florida. Such change :	was authorized (oγ the	amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered						
I SIGNATURE.					E. V						

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Rec	pistered Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 12
TITLE	DEL DEL	LETE	1.1 TITLE			Change	Additio
NAME	HOPKINS, RONALD G		1.2 NAME				
STREET ADDRESS	2144 MATERIELD RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP				
TITLE	D DEL	LETE	2 1 TITLE			Change	Additio
NAME	ellis, timothy n		2.2 NAME				
STREET ADDRESS	1446 BLAIR RD		2.3 STREET ADDRESS		e. parae		
CITY-ST-ZIP	JACKSONVILLE FL 32221		2. 4 CITY-ST-ZIP				
TITLE	DEL	LETE	3.1 TITLE			Change	Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ ĎEL	LETE	4.1 TITLE			Change	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	☐ DFL	LETE	5.1 TITLE			Change	Additio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	□ OFL	LETE	6.1 TITLE			Change	Additio
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
DET ! AT 100			CACITY CT. 7ID				

14. 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 suppliemental 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:

4-22.98

FILED

May 01 1998 8:00am

Secretary of State