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FILED

Apr 20 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 # P97000007448 (8)

1. Corporation Name  
AUTOMATED SUBS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2941 DICKENS CIRCLE  
KISSIMMEE FL 34747

Mailing Address

2941 DICKENS CIRCLE  
KISSIMMEE FL 34747

3. Date Incorporated or Qualified

01/24/1997

2. Principal Place of Business

21 30328 Cortez Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 30328 Cortez Blvd.  
Suite, Apt. #, etc.

4. FEI Number

59-3426543

Applied For

Not Applicable

22

City & State

Ridge Manor West

Zip Country

34602 USA

27

City & State

Ridge Manor West

Zip Country

34602 USA

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

MOLICA, FRANK  
2941 DICKENS CIRCLE  
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name: Mollica, Frank  
82 Street Address (P.O. Box Number is Not Acceptable): 30328 Cortez Blvd.  
83  
84 City: Ridge Manor West FL 85 Zip Code: 34602

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: Frank Mollica, PSTD

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE: PSTD  
NAME: MOLICA, FRANK  
STREET ADDRESS: 2941 DICKENS CIRCLE  
CITY-ST-ZIP: KISSIMMEE FL 34747

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE: V  
NAME: MOLICA, ELIZABETH  
STREET ADDRESS: 2941 DICKENS CIRCLE  
CITY-ST-ZIP: KISSIMMEE FL 34747

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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: Frank Mollica

4/13/98 (254) 754-1100

CR2E034 (10/97)