

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000041541 (8)
1. Corporation Name
DRIVETECH AUTOMATION, INC.



Principal Place of Business 10951 WEST BROWARD BLVD. PLANTATION FL 33324	Mailing Address 10951 WEST BROWARD BLVD. PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1997	
21 5401 NW 102ND AVE	26 5401 NW 102ND NE	4. FEI Number 65-0751934		Applied For Not Applicable	
22 #101	27 #101	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 SUNRISE, FL	28 SUNRISE, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33351 Country USA	29 33351 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HALPER, DEAN R 15200 JOG ROAD SUITE B-7 DELRAY BEACH FL 33484				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SILVERMAN, MITCHELL A	1.2 NAME	P
STREET ADDRESS	10951 WEST BROWARD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CARLOS SOLER
STREET ADDRESS		2.3 STREET ADDRESS	1458 RED PINE TRAIL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WELLINGTON, FL. 33414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D MANUEL MONTERO
STREET ADDRESS		3.3 STREET ADDRESS	10397 NW 148 PL.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: _____ DATE: **4/20/98** 954-746-9000

CR2E034 (10/97)