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

CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

182566

(0)

AUTEK CONTROL SYSTEMS, INC.

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Principal Piace	of Business	Mailing Address	Mailing Address		I IMMIN INDI INCID II BILIN D	r i natras vidos ratio erant Britin Drivin dies Mante Bildin diest Arbit Midit 1841		
8125 N.W. 33RD STREET MIAMI FL 33122-1005		8125 N.W. 33RD STREET MIAMI FL 33122-1005						
					3. Date Incorporated or Qualified 01/05/1955	3a. Date of 1	asi Report 10/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	•	Applied For	
Suite, Apt. #, etc.		26		59-0781300   Not Applicable				
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ <b>\$</b>	8.75 Additional Fee Required		
City & State		Crty & State		6. Election Campaign Financing		\$5.00 May Be		
23		28			Trust Fund Contribution		Added to Fees	
Ζιρ	Country	Zιρ	Country		8. This corporation has liability for	-	nder s. 199.032.	
24	25	. +	30			□ No		
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New R	egistered Age	nt	
ROTHENBERG & LACK, P.A.								
	WEST SAMPLE ROAD		82 Street		ddress (P.O. Box Number is Not Acceptat	ole)		
CORAL SPRINGS FL 33065			83					
			84	City		8	5 Zip Code	
						FL		
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sect.«	<ul> <li>Such change was authorized</li> </ul>	the above-r by the corp	named corp oration's bo	poration submits this statement for the pur pard of directors. I hereby accept the app	rpose of changir ointment as regi	ng its registered office i istered agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent a	ind life of applicable (NOTE)	Roustered Ager	d sianalure radii	ired whe i renstating)	DATE		
12.	OFFICERS AND		13.	Tag as a sep	ADDITIONS/CHANGES TO OFF		RECTORS IN 12	
TrTLE	PD	☐ DELETE	1 1 TITLE			□ c	hange 🔲 Addition	
NAME	MUSTAKIS, COSTA		1.2 NAME	ļ				
STREET ADDRESS	7355 SW 121ST ST.		1.3 STREET	ADDRESS				
CiTY-ST-ZIP	MIAMI FL		1.4 CHY - S	i - ZIP				
T.TLE	VSD	DELETE	2 1 TITLE				hange 🔲 Addition	
NAME	HASETH, JOHANNES DE		2.2 NAME	·				
STREET ADDRESS	1450 LINCOLN RD		23 STREET	ADDRESS				
CHTY-ST-ZIP	MIAMI BCH. FL		2 4 CITY - S	I - ZIP	***************************************			
TITLE		☐ DELETE	3 1 TITLE			□ c	hange   Addition	
NAME			3.2 NAME					
SIRFFF ADDRESS			3.3 STREE					
CITY - ST - ZIP TITLE		☐ DELETE	3.4 CITY - 5 4. 1 TITLE	IT - ZIP		ПС	hange	
ì							nange Addition	
NAME STREET ADDRESS			4.2 NAME 4.3 STREET	1000506				
1					•			
CITY+S1-ZIP TITLE		DELETE	4.4 CITY - 5 5 1 TILE	1-212		C	hange Addition	
NAME			5 2 NAME			<b>□</b> °	, and the second	
STREET ADDRESS			5 3 STREET	ADARESS				
CITY-ST-ZIP			5.4 CITY - 5					
TITLE		DELETE	6. 1 TITLE	51 - ZIF	<del></del>		hange Addition	
NAME			6.2 NAME			L °		
STREET ADORESS			6.3 STREET	ADDRESS				
anneer Abuness	i		U.S SINEE	VENDUESO				

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:

JOHANNIES de HASITS