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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

EASTER	MENT # 450648 N AUTOTRONICS, INC.							
Principal Place of Business 6555 POWERLINE ROAD, SUITE 401 FT. LAUDERDALE FL 33309		Mailing Address  8555 POWERLINE ROAD. SUITE 401  FT. LAUDERDALE FL 33309-2051				) 1981)) 4188) Birli		
						Date Incorporated or Qualified     04/19/1974	3a. Date of Last 02/13/1996	
2. Principal Place of Business 2e. Mailing Ad			ress			4. FEI Number	<del>  -</del>	Applied For
26						59-1529277	¢0.75	Not Applicable Additional
22	., 813.	27				5. Certificate of Status Desired		Required
City & State	;	City & State				Election Campaign Financing     Trust Fund Contribution		May Be d to Fees
Ζιρ	Country	Zip	Count	ry		8. This corporation has liability for		s. 199.032,
24	25 9. Name and Address of Curren	29	30			Florida Statutes  10. Name and Address of New R	Yes No	
PΩ!	TON, J. L.	It Hadistated Watti	8	1 Name		IU. Haine did Addiess Of hear h	radistelan Macut	
6555 POWERLINE ROAD, SUITE 401 FT.LAUDERDALE FL 33309				2 Street	Addres	ss (P.O. Box Number is Not Accepte	able)	
			6	4 City	<del></del>		FL 85 Zi	o Code
office or re agent Tar SIGNATURE	to the provisions of Sections 607.050 ogistered agent, or both, in the State on familiar with, and accept the obligation, by the section of the section of the section agents of the section agents of the section agents of the section of the section agents of the se	of Florida. Such change was ations of, Section 607.0505, Fl	authorized i orida Statut	by the corp es.	poratio	ration submits this statement for the n's board of directors. I hereby acci	purpose of changing ept the appointment a	its registered as registered
12.	OFFICERS AN		13.	Gent aldirectors	, reduied	ADDITIONS/CHANGES TO OFF		PRS IN 12
THILF	P	DELETE	1.1 TITLE				Change	Addition
NAME Street address	HARRIS, J. JAY 9767 ARBOR OAKS LANE #3	03		ET ADDRESS	215	578 ST. ANDREWS GR	AND CR	
CHTY-S1-7:P	BOCA RATON FL	DELETE	1.4 CITY 2.1 TITLE		<del> </del>		Change	Addition
NAME	CRAIG, WALTER J.	- percit	2.1 111LE				Ame Citaliff	Paddicoll
STREET ADORESS	5991 NE 18TH TERRACE		<b>S</b>	ET ADDRESS	1			
CITY ST ZIP	FT. LAUDERDALE FL			-\$1+2IP		i*		
TITLE	ST	☐ D£LETE	3.1 TITLE		1		Change	Addition
NAME.	BOLTON, J. L.		3.2 NAM	E				
STREET ADDRESS	2656 NW 27TH TERRACE		3.3 STRE	ET ADDRESS				
CHY-ST-ZIP	BOCA RATON FL	D Dr. Fr	3.4. CITY				[] []	1 1 1 1 1 1 1 1 1 1
TIPLE		☐ DELETE	4.1 TITLE				Change	e 🔲 Addition
NAME STREET ADDRESS			4. 2 NAM	ie. Et address				
CITY - ST- ZIP								
TITLE	DELETE			4.4 CITY - ST - ZIP 5.1 TITLE			Change	Addition
NAME			5.2 NAM		}		<b>-</b>	\
STREET ADDRESS				ET ADDRESS				
CITY-S1-ZIP			54 CITY	- ST - 2IP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			62 NAM	E				
STREET ADDRESS			4	ET ADDRESS	1			
City of the			VIOLA B	CY 7ED	1			

14. I do 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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cyn. 23, 1997 (954) 491-3800

**FILED** 

May 02 1997 8:00am

Secretary of State