

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000004484 (0)**

1. Corporation Name  
**AUTORICS, INC.**



Principal Place of Business  
**500 CYPRESS CREEK RD. W. #590  
FT LAUDERDALE FL 33309**

Mailing Address  
**500 CYPRESS CREEK RD. W. #590  
FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified <b>09/15/1995</b>	3a. Date of Last Report
4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Country	28. Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**EMO, CORPORATE SERVICES INC  
100 N.E. 3RD AVE. #1100  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DC BARTOLINI, ROBERT R 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 DELETE <input type="checkbox"/>	1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME DPS SCHAEFFER, JOHN T 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 DELETE <input type="checkbox"/>	1.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.3 STREET ADDRESS DVT LAVIGNE, DENNIS 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 DELETE <input type="checkbox"/>	1.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.4 CITY - ST - ZIP DS DESCANO, NANCY E 1013 CENTRE RD WILMINGTON DE 19805 DELETE <input type="checkbox"/>	1.4 CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE D WINN, BRUCE R 1013 CENTRE RD WILMINGTON DE 19805 DELETE <input type="checkbox"/>	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME VT CARLSON, ROBERT J 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 DELETE <input type="checkbox"/>	2.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP

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 or is changed, or on an attachment with an address.

SIGNATURE: *Robert J. Carlson V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 954-958-3612

CR2E034 (12/95)