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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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	Mailing Address
500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309	500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309-6157

3. Date Incorporated or Qualified: **09/15/1995**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 8367
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Lauderdale, FL
Zip 24 / Country 25	Zip 29 33310-8367 / Country 30 USA

4. FEI Number: ~~APPLIED FOR~~ 65-0611608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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: Mercedes Padin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 500 Cypress Creek Road West Ste 590
83
84 City: Fort Lauderdale **FL** 85 Zip Code: 33309

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: Mercedes Padin — Mercedes Padin — 3-10-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BARTOLINI, ROBERT R 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice President Peter Wilden 500Cypress Creek Rd West, Ste 590 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SCHAEFFER, JOHN T 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT LAVIGNE, DENNIS 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ Dir /Asst Secy. DESCANO, NANCY E 1013 CENTRE RD WILMINGTON DE 19805 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINN, BRUCE R 1013 CENTRE RD WILMINGTON DE 19805 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VT~~ VAT & Asst.Secy. CARLSON, ROBERT J 500 CYPRESS CREEK RD. W. #590 FT LAUDERDALE FL 33309 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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] Dennis R. LaVigne, VP 3/10/97 954-958-3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0287134