

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV 16 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F 95000004484
1. Corporation Name

AUTORICS, INC.

Principal Place of Business Mailing Address
500 CYPRESS CREEK ROAD WEST
SUITE 590
FT. LAUDERDALE, FL 33309
SAME

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	8-11-95
4. FEI Number	65-0611608
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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
MERCEDES PADIN, Esq. 500 CYPRESS CREEK ROAD WEST SUITE 590 FT. LAUDERDALE, FLORIDA 33309

10. Name and Address of New Registered Agent
81 Name R. K. KENNON JONES, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
500 CYPRESS CREEK ROAD WEST
83 SUITE 590
84 City FT. LAUDERDALE
85 FL
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: R. K. Kennon Jones DATE: 11-13-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM B. DYER
1.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDREW COMBS
2.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NIGARE CUNEO
3.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL BONNET
4.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANDREW HUBRGESSEN
5.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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: [Signature] DATE: 11/13/98 954 958-3673