

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90027 035 ***150.00

DOCUMENT #

1. Corporation Name

AUTORICS, INC. F95000004484

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/15/95

2. Principal Place of Business

2a. Mailing Address

21 5217 Coconut Creek Pkwy.

26 11825 N. Pennsylvania St.

4. FEI Number

65-0611608

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Dept. A2A

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State
Margate, FL

28 City & State
Carmel, IN

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

25 US

29 Zip Country

30 46032 US

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R.K. Kennon Jones, Esq.
5217 Coconut Creek Pkwy.
Margate, FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Dyer, William B.
STREET ADDRESS		1.3 STREET ADDRESS	5217 Coconut Creek Pkwy.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Stidd, Andrew L.
STREET ADDRESS		2.3 STREET ADDRESS	25 W. 43rd Street, Suite 704
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10036
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Haseley, Timothy W.
STREET ADDRESS		3.3 STREET ADDRESS	11825 N. Pennsylvania Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Combs, Andrew S.
STREET ADDRESS		4.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10151
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Larkin, James J.
STREET ADDRESS		5.3 STREET ADDRESS	11825 N. Pennsylvania Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Bonnet, Michael F.
STREET ADDRESS		6.3 STREET ADDRESS	745 Fifth Avenue, Suite 2700
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10151

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Larkin

Date

4/23/99

(317)817-6000

Daytime Phone #

CR2E034 (11/98)

Autorics, Inc.

OFFICERS and DIRECTORS

553468-90027-35

F95000004484

Name and Address

Office

William B. Dyer
5217 Coconut Creek Pkwy.
Margate, FL 33063

President and Director

Andrew L. Stidd
25 W. 43rd Street, Suite 704
New York, NY 10036

Vice President and Director
(Independent Officer &
Director)

Timothy W. Haseley
11825 N. Pennsylvania Street
Carmel, IN 46032

Treasurer

Andrew S. Combs
745 Fifth Avenue, Suite 2700
New York, NY 10151

Secretary and Director

Michael F. Bonnet
745 Fifth Avenue, Suite 2700
New York, NY 10151

Director

Kevin P. Burns
25 W. 43rd Street, Suite 704
New York, NY 10036

Independent Director

James J. Larkin
11825 N. Pennsylvania Street
Carmel, IN 46032

Director