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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000005935 (0)

1. Corporation Name  
AUTORICS II, INC.



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

Mailing Address  
500 CYPRESS CREEK ROAD WEST, SUITE 590  
FT. LAUDERDALE FL 33309-6157

3. Date Incorporated or Qualified  
12/06/1995

3a. Date of Last Report  
03/30/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 8367 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 65-0622182	Applied For Not Applicable
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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.  
100 NE THIRD AVE, STE. 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 Ft. 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  
Sign as registered agent or new registered agent and take if applicable (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	PSD SCHAEFFER, JOHN T 500 CYPRESS CREEK ROAD WEST, SUITE 590 FT. LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Bruce R. Winn 1013 Centre Road Wilmington, DE 19805-1297 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT CARLSON, ROBERT J 500 CYPRESS CREEK ROAD WEST, SUITE 590 FT. LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILDEN, PETER 500 CYPRESS CREEK ROAD WEST, SUITE 590 FT. LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LAVIGNE, DENNIS R 500 CYPRESS CREEK ROAD WEST, SUITE 590 FT. LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARTOLINI, ROBERT R 500 CYPRESS CREEK ROAD WEST, SUITE 590 FT. LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS DESCANO, NANCY E 1013 CENTRE ROAD WILMINGTON DE 19805 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (9/96)