

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 3:24

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 95000005935  
1. Corporation Name

AUTORICS II, 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

3. Date Incorporated or Qualified

11-6-95

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0622182 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCEDIS PADIN, ESQ.  
500 CYPRESS CREEK ROAD WEST  
SUITE 590  
FT. LAUDERDALE, FLORIDA 33309

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 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 R.K. Kennon Jones  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-13-98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	CHANGE EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	WILLIAM B. DYER
STREET ADDRESS		1.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ANDREW COMBS
STREET ADDRESS		2.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	NEAIRE CUNEO
STREET ADDRESS		3.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MICHAEL BONNET
STREET ADDRESS		4.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ANDREW HUBRIGESSEN
STREET ADDRESS		5.3 STREET ADDRESS	500 CYPRESS CREEK ROAD WEST SUITE 590
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW COMBS

VICE PRESIDENT - FINANCE

11/13/98

Date

954 958 - 3673

Daytime Phone #

CR2E034 (5/98)