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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001702 (7)

AUTRONICA, INC.

SIGNATURE:

Mailing Address Principal Place of Business C/O COGGINS SYSTEMS C/O COGGINS SYSTEMS 5834 PEACHTREE CORNERS EAST 5834 PEACHTREE CORNERS EAST NORCROSS GA 30082-3403 NORCROSS GA 30092 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For APPLIED FOR 26 Not Applicable Suite Apt #. atc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country 76 ZID 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE typico or printed name of registered agent and title if applicable (NOTE Flogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TILLE GENACI, GENE 1.2 NAME NAME % COGGINS SYSTEMS 5834 PEACHTREE CORNERS E STREET ADDRESS 1.3 STREET ADDRESS NORCROSS GA 30092 1.4 City-St-ZiP CHY - \$1 - 200 TIFLE DELETE 2.1 TITLE Change Addition COPELAND, GARY 2.2 NAME NAME % COGGINS SYSTEMS 5834 PEACHTREE CORNERS E 23 STREET ADDRESS STREET ADDRESS NORCROSS GA 30092 2.4 CITY-ST-ZIP C(TY - S1 - 7)P VAS DELETE 3.1 TITLE Change TRUE COGGINS, KEITH 3.2 NAME NUME % COGGINS SYSTEMS 5834 PEACHTREE CORNERS E 3.3 STREET ADDRESS STREET ADDRESS NORCROSS GA 30092 C(TY - S1 - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE Mili FLEETWOOD, CHRIS NAME 4. 2 NAME % COGGINS SYSTEMS 5834 PEACHTREE CORNERS E 4.3 STREET ADDRESS STREET ADDRESS **NORCROSS GA 30092** CITY-ST-ZiP 4.4 CITY - ST - ZIP DELETE HILE 5.1 TITLE RICHMOND. BARBARA NAME 5.2 NAME % COGGINS SYSTEMS 5834 PEACHTREE CORNERS E STREET ADDRESS 5.3 STREET ADDRESS NORCROSS GA 30092 5.4 CITY - ST - ZIP DITY - \$1 - 2/P DELETE Change Addition TIFLE 6 1 TITLE 200002188872 NAME 6.2 NAME -05/22/97--01124--008 STREET ADDRESS 6.3 STREET ADDRESS ***165.00 6.4 CITY - ST - ZIP 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

ETTH COGGIUS VICE TEB. FILEST, SEE A