

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 6:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H14261** (2)  
1. Corporation Name  
**AUTOMOTIVE COMPUTER TECHNOLOGY INC.**

Principal Place of Business Mailing Address  
**14100 N.W. 57 COURT** **14100 N.W. 57 COURT**  
**MIAMI LAKES FL 33014** **MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/27/1984** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **NOT APPLICABLE** 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 has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**NEWPORT, ARCHIE L**  
**14100 NW 57 COURT**  
**MIAMI LAKES 33014**

10. Name and Address of New Registered Agent

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>P</b>                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NEWPORT, ARCHIE L</b>   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>14100 NW 57TH COURT</b> | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MIAMI LAKES FL</b>      | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                            | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Archie L. Newport*  
Archibald Newport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 305-822-7100  
Lynne F. Ford