

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H35747** (5)

1. Corporation Name

AUTOMOTIVE EVALUATION TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

**917-N FLAGLER DR. #311
WEST PALM BEACH FL 33401**

**917-N FLAGLER DR. #311
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21 **2031 NORMANDY CIRCLE**

26 **2031 NORMANDY CIRCLE**

3. Date Incorporated or Qualified
01/02/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2494432

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **WEST PALM BEACH, FL**

28 **WEST PALM BEACH, FL**

Zip

Country

Zip

Country

24 **33409**

25 **PALM BEACH**

29 **33409**

30 **PALM BEACH**

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROD, WILLIAM F. JR.
917-N FLAGLER DR. #311
WEST PALM BEACH FL 33401**

81 Name **SAME**

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

2031 NORMANDY CIRCLE

83

84 City

WEST PALM BEACH

FL

85 Zip Code
33409

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **William F. Brod Jr. PRES.**

Signature, typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BROD, WILLIAM F., JR.**
STREET ADDRESS **917-N FLAGLER DR. #311**
CITY-ST-ZIP **WEST PALM BCH. FL 33401**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**2031 NORMANDY CIRCLE
WEST PALM BEACH, FL 33409**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William F. Brod Jr. PRES.** **6-26-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Brod Jr. PRES.

DATE

(689-7834)

561-689-7834

Daytime Phone #

CR2E034 (3/96)