FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS			NS	Secretary of State			
DOCUI	MENT # H8		(7)		·					
AUTOHA	ius conversion	IS, INC.					E TRANSPIL BIOLITACION CARDI PERIL TRACA DELLA	HIBIN ÖLÜNI DEBLI BIBIN	1111) 1 41	ki (184)
Principal Place of Business Mailing Address										
4325 ST. AUGL JACKSONVILLE			4325 ST. AUGUSTINE RD JACKSONVILLE FL 32207-8520							
							3. Date Incorporated or Qualified 12/13/1985	3a. Date of La		ort
2. Priecipal F 21	ace of Business	2a. M	2a. Mailing Address 26				4. FEI Number 59-2602454	Applied For Not Applicable		
Suite Apt	# etc	Si 27	Suite, Apt #, etc.				5. Certificate of Status Desired		75 Ad e Requ	iditional uired
Oity & Stat	C	28	ity & State				Election Campaign Financing Trust Fund Contribution		.00 м ded to	
Ζ _(p)	Country Zip			30 Cou	ntry		8. This corporation has hability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No			
		ss of Current Register	ed Agent				10. Name and Address of New Re	gistered Agent		
	ENLEAF, V. B.				l l	Name				
	52 MACAW DR KSONVILLE FL 32223	ì			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
JAC	NOOHVILLE FL SEZZS	•			B 3					
					84	City		85	Zip Co	700
othice or r	registered agent, or both	 in the State of Florida. 	Such change wa	is authorized	d by t	named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of chang at the appointment	ing its i nt as re	registered gistered
agent. Ha	ro familiar with, and acc	ept the obligations of, S	ection 607.0505,	Florida Stat	utes.					1
SIGNATURE	Star it is , type her pendictinans	not registered agent and pite if a	pplicable (N	OTE Registere	d Agent	per srulang a	uired when reinstating)	DATE		
12.	1	FLICERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC			
1 ld	PD	BA	RQUIST [€]	1,1 11				L Ch	inge	☐ Addition
NAMI	BARQUIST, CARL 5206 FLORAL B CUI	3509 Sa	ndhure Re	ad 12N						J.
STREET ADDRESS	JACKSONVILLE FL	Jacksonvill	e, Florida	32217	REET A	DORESS)!
_C(1) S1 Z01 - 1014	VP	BAR	QUISALETE	2.1 TI		-211		Cha	inge	Addition
NAME	BARQUIST, LINDA		dburg Roa	ر 2.2 N	AME					Ì
SURET ADDRESS	-5208 FLORAL BLU	T Packsonville,	Elorida 3	22777 ^{3 S}	íreet a	DDRESS				
CHY-SE-70	JACKSONVILLE FL	Jacksonvine,		2 40	ITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·		
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CHTY-SE ZIE				4.4 C	TY-SI	- ZIP				
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SUBJECT ALTHOR	1					DDRESS				ļ
CHY-S1+2⊮ TPTE			DELETE	5.4 C 6.1 Ti	TY-ST-	- ZIP		☐ Ch	ange	Addition
NAME				6.2 N		-				
51865 LABORE 55						ADDRESS				ļ
Offy SE 72				T T	ITY-ST-	1				

14. To hereby cell ty 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 true 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 chapted, or on an attachment with an address.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 14 1997 8:00am

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