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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J15895 DOCUMENT #
1. Corporation Name

AUTOMATION & TOOLING TECHNOLOGY, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

AND TYPED OR PRINTEN NAME OF SIGNING OFFICER OR DIRECTOR



| | MIAMI LAKES FL 33014 | | MIAMI LAKES FL 33014 | | | | | | | | |
|---|--|---|---|--|--|------------|---|----------------|---|----------------------------------|--|
| | | | | | | | Date Incorporated or C 05/22/1986 | Qualified | 3a. Date o 0 | of Last Ri 5/01/1 | |
| 2. Principal Place | e of Business | 2a. Mailin | g Address | | | | 4. FEI Number | | | | Applied For |
| Suite, Apt. #, etc. City & State | | | 26 20155 F AOK mont Clr Suite, Apt. #, etc. 27 City & State | | | 11 | 59-2688342 5. Certificate of Status Desired | | | | Not Applicable |
| | | | | | | | | | \$8.75 Additional Fee Required \$5.00 May Be | | |
| | | | | | | | 6. Election Campaign Fin | | | | |
| | | 1 ` | Alenh | FLorida | | la | Trust Fund Contribution | | Added to Fees | | |
| Zip | Country | Zip | /// | Coun | dα. | | B. This corporation has fi | ability for in | tangible tax | under s | 199.032 |
| | 25 | 29 33 | 015 | 30 1 | AHE | | Florida Statutes | Yes Yes | ****** | | |
| | 9. Name and Address of Currer | nt Registered . | Agent | | | | 10. Name and Address | of New Re | gistered A | gent | |
| | | | | [] | B1 Name | | | | | | |
| WOLF, Y | WAYNE A. | | | | 82 Street | Addres | s (P.O. Box Number is Not | Acceptable | е) | | |
| 3733 UN | IIVERSITY BLVD.,STE.106 | | | 1 | | | | | | | |
| • | | | | ľ | 83 | | | | | | |
| JACKSO | NVILLE FL 32217 | | | - | 84 City | | | | P1 | 85 Zi | ip Code |
| | the provisions of Sections 607,0502 | | | | | | | | FL | 1, 1, | |
| | | | | | | | when reinstating) | | DATE | | |
| SIGNATURE | gnature, typed or printed name of registured agent | | | HE Registered | Agent signature r | redured v | | 0.710.0554 | 0500 1110 | DIDEAT | NO 01 40 |
| Sig | OFFICERS AN | nt and title if applicable ND [1]RECTORS | S | 13. | | recured w | ADDITIONS/CHANGE | S TO OFFI | | | |
| Sig 12. | OFFICERS AN | | | 13. | TLF | recured w | | S TO OFFIC | | DIRECTO Change | |
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| SIG | OFFICERS AN VSD ROQUE, MOISES 6895 LOCH NESS DR MIAMI FL PT | | S | 13. 1.1 10 1.2 NA 13 STI 1.4 CR | TLE ME REET ADDRESS IY-ST-ZIP | edures v | | S TO OFFIC | |] Change | Addition |
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