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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K54601

(5)

1. Corporation Name
AUTOSIGHT, INC.



Principal Place of Business

P.O. BOX 362086
MELBOURNE FL 32936-2086
US

Mailing Address

P.O. BOX 362086
MELBOURNE FL 32936-2086
US

3. Date Incorporated or Qualified
12/19/1988

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 32936-2086 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
59-2890333

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. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ALDRICH, MICHAEL
730 JOHN ADAMS LANE
WEST MELBOURNE FL 32904

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 type for printed name of registered agent is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KENNEDY, PATRICK	
STREET ADDRESS	120 DESOTO PARKWAY	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	PD	DELETE
NAME	ALDRICH, MICHAEL	
STREET ADDRESS	730 JOHN ADAMS LANE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	VST	DELETE
NAME	SOLVOLD, RALPH	
STREET ADDRESS	2506 ADDINGTON CIRCLE	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	D	DELETE
NAME	MUCZKO, JOHN	
STREET ADDRESS	8049 SW 115TH LOOP	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	C	DELETE
NAME	MAGUIRE, MICHAEL, F	
STREET ADDRESS	18 MARINA ISLES BLD #304	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	D	DELETE
NAME	SAENS, ROBERT G	
STREET ADDRESS	4288 INDIANFIELD RD	
CITY-ST-ZIP	CLINTON NY 13323	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CPST	Change
2.2 NAME		Addition
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL ALDRICH / Pres. / 1-3-97 / 407-242-5865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)