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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L25210

(0)

**AUTONETICS INTERNATIONAL INCORPORATED** 

Principal Place of Business 7481 W. OAKLAND PARK BLVD. **SUITE 102** LAUDERHILL FL 33319

Mailing Address

1385 HIGHWAY 35. #224 MIDDLETOWN NJ 07748

## **FILED** Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1989

					10/24/1989		
	Place of Business	2a. Mailing Address	<b>n</b>		4. FEI Number	Ar	polied For
21	26				65-0151757	No	ot Applicable
	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22[	27				Of Certificate Critiques Desired	Fee Re	equired
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution Added to Fe		to Fees	
Zip	Country	Zip	Country	′	8. This corporation owes or has paid the cu	ırrent year Int	angible
24	25	[29] [30]		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  CRAMMED EDWIN I CDA 81 Name							
CRAMMER, EDWIN L CPA				Name			
7481 W. OAKLAND PARK BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
#102			83		,		
LAUDERHILL FL 33319							
			84	City		85 Zip (	Code
				,	FL	_     '	
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 reinstating)  DATE							
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	DR	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	NANGLA, DHARAM P		1.2 NAME	1			ļ
STREET ADDRESS	1385 HIGHWAY 35, #224		1.3 STREET	ADDRESS			
City-St-Zip	MIDDLETOWN NJ 07748		1.4 CITY-S	T-ZIP			
TITLE		DELETE	2,1 TITLE		1.5.	Change	Addition !
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
City - ST - ZIP	1		2. 4 CITY-5	T-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME	3.2		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			}
CITY - ST - ZIP			3.4. CITY - S	T-71P			
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY-S	·			
TITLE			5.1 TITLE	- 21		Change	Addition
NAME			5.2 NAME			ondingo	
STREET ADDRESS			5.3 STREET	ADDOESS			
CITY-ST-ZIP				1			ļ
TITLE		DELETE	5.4 CITY - ST	- 217		Change	Addition
NAME						L Change	TT Addition
			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP	Control blood the lader - 12	AL ALEX ZIVI I III	6.4 CITY-S1	- ZIP	110 00/(1)(1) 5/		
indicated	centry triat the information supplied will on this annual report or supplemental	in this tiling does not qualify fol Lannual report is true and accu	r tne exempt urate and tha	ion stated in Se t my signature :	ection 119.07(3)(i), Florida Statutes, I further ce	rtify that the i	information

officer or director of the corporation of the receiver of 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 adjachment with an address.

SIGNATURE:

URE AS Lakhani, POA for

1/19/98