

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L30990** (0)
1. Corporation Name
AUTOLIFE MANAGEMENT CORP.



Principal Place of Business 436 S. ANDREWS AVE. FORT LAUDERDALE FL 33301 US	Mailing Address 436 S. ANDREWS AVE. FORT LAUDERDALE FL 33301-2830 US
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3. Date Incorporated or Qualified 11/20/1989	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 3855 S. MILITARY TRAIL Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FL. Zip Country 24 33463 25	2a. Mailing Address 26 3855 S. MILITARY TRAIL Suite, Apt. #, etc. 27 City & State 28 LAKE WORTH, FL. Zip Country 29 33463 30	4. FEI Number 65-0160055 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LICHTERMAN, JEFFREY 436 S. ANDREWS AVE FORT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3855 S. MILITARY TRAIL 83 84 City LAKE WORTH FL 85 Zip Code 33463
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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 AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D LICHTERMAN, HOWARD 436 S. ANDREWS AVE. FT. LAUDERDALE FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 3855 S. MILITARY TRAIL LAKE WORTH, FL. 33463
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D LICHTERMAN, JEFFREY 436 S. ANDREWS AVE FORT LAUDERDALE FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3855 S. MILITARY TRAIL LAKE WORTH, FL. 33463
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 ☒ **3/16/97 8544/1577**

CR2E034 (9/96)