

FILE NOW:- Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILED

97 MAR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000875

AUTONETICS ENTERPRISES INTERNATIONAL, L.C.
~~6531 PARK OF COMMERCE BLVD NW~~
~~SUITE C-170~~
~~BOCA RATON FL 33487~~

1a. Principal Place of Business Address
~~6531 PARK OF COMMERCE BLVD NW~~
~~SUITE C-170~~
~~BOCA RATON FL 33487~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business
250 S. Ocean Blvd
Suite, Apt. #, etc. Suite 253
City & State Delray Beach, FL
Zip 33483 Country USA

2a. Mailing Address
250 S. Ocean Blvd
Suite, Apt. #, etc. Suite 253
City & State Delray Beach, FL
Zip 33483 Country USA

3. Date Organized or Qualified 11/14/1995
3a. State of Formation FL
4. FEI Number 65-0631313
 Applied For
 Not Applicable
5. Date of Last Report 08/23/1996
6. Certificate of Status Desired
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent
HOPKINS, JOHN O
4800 N FEDERAL HWY
SUITE 104-A
BOCA RATON FL 33431

8. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CERK, NORMAN J	6531 PARK OF COMMERCE BLVD	BOCA RATON FL

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****203.75 ****203.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  Norman J. Cerk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 10 March 1997
Daytime Phone # 266 0371