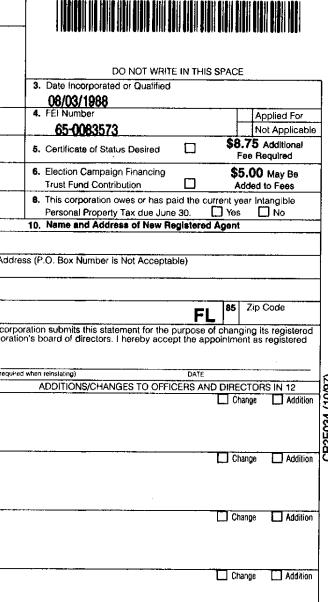
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # M92460 (8) **REMOTE - A - MATIC USA, INC.** Principal Place of Business Mailing Address 9210 19TH DR., NW 9210 19TH DR., NW BRADENTON FL 34209 **BRADENTON FL 34209** 3. Date Incorporated or Qualified 08/03/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0083573 Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Žiρ Country Zip Country 24 25 29 9. Name and Address of Current Registered Agent 81 Name RANKIN, JOHN P JR. 9210 19TH DR., NW 62 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** В3 84 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) 12, OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE VERNON, GENE 1.2 NAME 5915 KYLIE LN STREET ADDRESS 1.3 STREET ADDRESS FRANKLIN TN CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE RANKIN, JOHN P JR. NAME 2.2 NAME 9210 19TH DR., NW STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE

## **FILED** Apr 27 1998 8:00am Secretary of State



CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplomental annual report is true and accurate and that my signature shall have the same legal effect as it 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 of on an attachment with address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST- ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

**STREET ADDRESS** 

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELETE

Change

Change

Addition

Addition