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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14485

1. Corporation Name

AutoComm, Inc.

Principal Place of Business

Mailing Address

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90083 050 ***150.00

Principal Flace of Business Walling Address										
70 Bell Rock Plaza, Suite D										
Sedona, AZ 86351-8804						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 05/18/1987				
2. Principal Place of Business 2a. Mailing Address						. FEI Number		1	Applied For	
21	26 70 Bell Rock			k Plaza		22-2765205		1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					_			\$8.75	Additional	
22 Suite D					9	i. Certifcate of Status Desired		Fee f	Required	
City & State City & State						. Election Campaign Financing		\$5.0	0 May Be	
z3	28 Sedona, -AZ-					- Trust Fund Contribution		Adde	d to Fees	
Zip				8. This corporation owes the current year Intangible						
24	25 29 86351-880430 Ya			Yavapai Personal Property Tax. Yes No						
	9. Name and Address of Current	Registered Agent	81	Name). Name and Address of New	Kegisterea A	Agent .		
772 11 2 W 77- 1 1 2				VI Name						
William M Haskakis				82 Street Address (P.O. Box Number is Not Acceptable)						
7001 Anderson Road									,	
	Tampa, FL 33614		83							
			84	City			FL	85 Zip	o Code	
		1007 1500 51 11 01 11	41			to this state the the		hanaina i	te registered	
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes		,					
SIGNATURE							DATE		[
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				t signature		ADDITIONS/CHANGES TO OF		D DIRECT	TORS IN 12	
12.					VP	ADDITIONOLO INTINOCO TO OF	TIOLITO TOTAL	Change		
NAME	LIESIUCIIC -					or Dalu				
	W.K. Simpson			12 NAME Peter Daly 13 STREET ADDRESS 29240 Buckingham, Suite 8C						
!	70 Bell Rock Flaza, #D			4 CITY-ST-ZIP Livonia, MI			Burce	. 00		
TITLE	_Sedona,_AZ_86351_	X DELETE	2.1 TITLE	-21	VP	JIII 10131	·	Change	Addition	
NAME	VP		2.2 NAME		1	c_CiGettemy = :				
Charles E Near				ADDRESS	256	ThirdeStreet 7		:		
CITY-ST-ZIP	737 Clincon Screet					tune Beach, FL			•	
TITLE			3.1 TITLE	- ··-				Change	e 🔁 Addition	
NAME			3.2 NAME		 	~~~~~~~~				
STREET ADDRESS	* (40	3.3 \$		ADDRESS	,					
CITY-ST-ZIP			3.4. CITY-S							
TITLE		☐ DELETE	4.1 TITLE					☐ Change	e 🗀 Addition	
NAME			4. 2 NAME							
STREET ADDRESS	the organization	•	4.3 STREET	ADDRESS	3				}	
CITY-ST-ZIP	14. A.	i	4.4 CITY-S	r-ZIP					}	
TITLE		☐ DELETE	5,1 TITLE					☐ Change	Addition	
NAME			5.2 NAME						j	
STREET ADDRESS		,	5.3 STREET	ADDRESS	3					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP						
TITLE	☐ DELETE 6.1 T		6.1 TITLE	6.1 TITLE				Change	e	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS	3				ļ	
CITY-ST-ZIP	6.4 CI			r-ZIP						

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), 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, with all other like empowered.

SIGNATURE W.R.

W.R. Simpson

March 30, 1999 520-284-0080