


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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90032 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18535
 1. Corporation Name
AUTOMOTIVE MANUFACTURING AND SUPPLY COMPANY, INC

Principal Place of Business 90-1 PLANT AVENUE HAUPPAUGE NY 11788	Mailing Address 90-1 PLANT AVENUE HAUPPAUGE NY 11788
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/23/1988	4. FEI Number 11-2466960	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent
GREENBERG, JEFFREY ESQ.
% GREENBERG & VASQUEZ
1098 NW BOCA RATON BLVD, SUITE 1
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
 81 Name **GREENBERG, JEFFREY ESQ.** CHANGE
 82 Street Address (P.O. Box Number is Not Acceptable) **C/O GREENBERG & SCHILIAN** ONLY
 83 **1761 WEST HILLSBORO Blvd.**
 84 City **DEERFIELD BEACH** FL 85 Zip Code **33442**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MINOFF, MELVIN	
STREET ADDRESS	10 WOODFERN COURT	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SACCULO, SAL	
STREET ADDRESS	1754 SYCAMORE AVE.	
CITY-ST-ZIP	LAKE GROVE NY 11755	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MINOFF, LEE	
STREET ADDRESS	10 WOODFERN COURT	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MINOFF, SCOTT	
STREET ADDRESS	10 WOODFERN CT.	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MINOFF, SHERRY	
STREET ADDRESS	10263 E PEAKVIEW AVE, #3-203	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 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		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 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: _____ Date: **2/20/99** Daytime Phone # _____

CR2E034 (1/198)