

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

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

03-06-1999 90032 045 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1988

4. FEI Number

11-2466960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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) ONLY
C/O GREENBERG & SCHILLIAN
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

Signature, typed or printed name of registered agent and title if applicable.

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)