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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24949

(0)

1. Corporation Name
AUTOPROD, INC.

Principal Place of Business
5355 115TH AVENUE NORTH
CLEARWATER FL 34620

Mailing Address
5355 115TH AVENUE NORTH
CLEARWATER FL 34620-4840



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1989	3a. Date of Last Report 03/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 25-1599833		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET, 2ND FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0802 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DE SOCIO, PAUL	1.2 NAME	
STREET ADDRESS	5355 115TH AVE. NORTH	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	
NAME	MICHAEL G LITTLE	2.2 NAME	
STREET ADDRESS	911 CHESNUT STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	
NAME	RONALD P ENAMALT	3.2 NAME	
STREET ADDRESS	5355 115TH AVE NORTH	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	GERT SCHIKORRA	4.2 NAME	
STREET ADDRESS	175 FRESHWATER BLVD	4.3 STREET ADDRESS	
CITY- ST- ZIP	ENFIELD CT	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. 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 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.

SIGNATURE:

RONALD P. ENAMALT, TREASURER 3/19/97 (813)572-7753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)