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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

AUTOPROD, INC.

FILED Apr 23 1998 8:00am Secretary of State



								
Principal Place of Business Mailing Address					4 I MAILEN I LIN LINIT BONIS IBSIT DINI) (811 8181) BIBN 81	*** ***** ***	
\$355 115TH AVENUE NORTH 5355 115TH AVENUE NORTH								
CLEARWATE	R FL 34620	CLEARWATER FL 34620			DO NOT WR	DO NOT WRITE IN THIS SPACE		
İ					3. Date Incorporated or Qualifie			-
					06/28/1989	-		
2, Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Aş	pplied For
21		26			25-1599833		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional	
22		27		g, Continuate of Status Dealed		Fee Re	equired	
City & State		City & State		6. Election Campaign Financing	ing \$5.00 May Be Added to Fees			
Zip Country		Zip Country		Trust Fund Contribution				
24	25	29	30		 This corporation owes or has Personal Property Tax due Ju 		· -	tangibie No
	Name and Address of Curren		1001		10. Name and Address of New			
CC	ORPORATION SERVICE COMPAN	Y		B1 Name				
	01 HAYS STREET, 2ND FLOOR	•	82 Street Addre		Address (P.O. Box Number is Not Accep	table)		
	LLAHASSEE FL 32301		8		Address (F.O. DOX NUMBER IS NOT ACCED	anie)		
			Ī	B3				
			ļ,	84 City			9E 7in	Code
	••		ì					
. 11. Pusuánt office or i agent. I s	to the provisions of Sections bu? usua registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607,1508, Florida Statul of Florida Such change was drons of, Section 607,0505, FI	tes, the ab authorized lorida Statu	ove-named by the cor tes.	corporation submits this statement for the poration's board of directors. I hereby according to the control of	ept the appoin	hanging it ntment as	ts registered registered
SIGNATURE	Signature typod or printed name of registered ager	d and title it absolic tible (MC)	If - Dagietorad	A cont signatur	o required when reinstating)	DATE		
12.	OFFICERS AND		13.	Agent signature	ADDITIONS/CHANGES TO OF		URECTOE	3S IN 12
TITLE	PD	DELETE	1.1 TITE	E	1,5511161167617411026170161		Change	Addition
NAME	DE SOCIO, PAUL		1.2 NAM	AE				
STREET ADDRESS	835 5 115TH AVE. NORTH		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CIT	/-ST-ZIP				
TITLE	\$	DELETE	2.1 TITE	F		Ϊ.	Change	Addition
NAME	MICHAEL G LITTLE		2.2 NAN	4E				
STREET ADDRESS	911 CHESNUT STREET		2.3 STA	eet address				
CITY-ST-ZIP	<u>CLEARWATER</u> FL	Theres		Y-ST-ZIP			T	
TITLE	CONALD DENAMALE	☐ DELETE	3.1 TITL			L.	_ Change	Addition
NAME	RONALD P ENAMALT 5355 115TH AVE NORTH		3.2 NAN					
STREET ADDRESS	CLEARWATER FL			EET ADDRESS				
CITY-ST-ZIP	D CLEANWAIEN FL	DELETE	3.4. CIT 4.1 TITL	Y-\$1-ZIP			Change	Addition
NAME	GERT SCHIKORRA	Fri nerric		_		L) pliquige	LT MODITION
STREET ADDRESS	175 FRESHWATER BLVD		4. 2 NAI					
CITY-ST-ZIP	ENFIELD CT			EET ADDRESS				
TITLE	- T 1664 V 1	☐ DELETE	5.1 TITL	r-St-ZIP E			Change	Addition
NAME			5.2 NAN		1	L.	a change	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAN	IE		_	-	
STREET ADDRESS			63 STR	EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				
								

14. Thereby 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 supplicmental 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 trusted 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.

RONALD P. ENAMAIT, TREASURER

4/3/98

813-572-7753