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Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P24949 (0)  
1. Corporation Name  
AUTOPROD, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/28/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		25-1599833	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY				81 Name	
1201 HAYS STREET, 2ND FLOOR				82 Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301				83	
				84 City	
				85 Zip Code	

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		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 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 4/3/98 813-572-7753

CR2E034 (10/97)