

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25328** (6)

1. Corporation Name
AUTOMATION TECHNOLOGY INTERNATIONAL, INC.



Principal Place of Business
**755C LAKESIDE DR WEST
 MOBILE AL 36693-5126
 US**

Mailing Address
**ATTN: TAX DEPT
 PO BOX 3
 HOUSTON TX 77001-0003
 US**

3. Date Incorporated or Qualified 07/19/1989	3a. Date of Last Report 04/11/1995
4. FLE Number 63-0797164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subc., Apt. #, etc.	26. Subc., Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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 607.15(8), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	V WILKERSON, S.C. 4100 CLINTON DR. HOUSTON TX	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
<input type="checkbox"/> DELETE	DC MOSELY, E. V III 4100 CLINTON DR HOUSTON TX	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
<input type="checkbox"/> DELETE	D POPE, L D J 4100 CLINTON DR HOUSTON TX	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
<input type="checkbox"/> DELETE	S ARBOUR, P. W 4100 CLINTON DR HOUSTON TX	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
<input type="checkbox"/> DELETE	AT LOCKWOOD, T. W 4100 CLINTON DR HOUSTON TX	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
<input type="checkbox"/> DELETE	AS FINNEN, M. W 4100 CLINTON DR HOUSTON TX	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	

14. I do hereby certify that the information supplied with this form is true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this form will appear in the annual report to the public and constitute an act 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 trustee or trustee's employee, and that my name appears in Book 12 or Book 13 (if changed) or on an attached list with an address.

SIGNATURE: *[Signature]*

 T. W. Lockwood, Assist. Treasurer

3/20/96 713/676-3011

CR2E034 (12/95)