FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **P36714** **(4)**

1. Corporation Name
AUTOPAX, INC.

Principal Place of Business	Mailing Address
P.O. BOX 63 HIGHLAND PARK IL 60035	19900 MONA ROAD TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/12/1991**
3a. Date of Last Report: **05/13/1994**

2. Principal Place of Business 21	2a. Mailing Address 26 **810 SATURN ST,STE. 18**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **JUPITER, FL**
City & State 23	City & State 28 **33477-4456**
Zip / Country 24 / 25	Zip / Country 29 / 30 **PALM BEACH**

4. FEI Number: **36-2897540** ☐ 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 has liability for intangible tax (under S. 199.032, Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARDSON, KEVIN F. CLYATT & RICHARDSON, P.A. 1551 FORUM PLACE, #300-C WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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: _____ (Type or Print 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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	INGLIS, LUELLA C.	12 NAME	INGLIS, LUELLA C.	
STREET ADDRESS	19900 MONA ROAD	13 STREET ADDRESS	810 SATURN ST., SUITE 18	
CITY-ST-ZIP	TEQUESTA FL	14 CITY-ST-ZIP	JUPITER, FL 33477-4456	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	INGLIS, JOHN T.	22 NAME	INGLIS, JOHN T.	
STREET ADDRESS	19900 MONA ROAD	23 STREET ADDRESS	810 SATURN ST., SUITE 18	
CITY-ST-ZIP	TEQUESTA FL	24 CITY-ST-ZIP	JUPITER, FL 33477-4456	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	INGLIS, HELEN Z.	32 NAME		
STREET ADDRESS	391 E. PARK AVE. #102	33 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Luella C. Inglis (Luella) 3-10-95 407-746-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUELLA C. INGLIS, PRESIDENT

087193 CP