

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38530** (2)

1. Corporation Name

AU INTERNATIONAL, INC.

Principal Place of Business

% RICHARD R. COOK
P.O. BOX 1929
DELAND FL 32721

Mailing Address

% RICHARD R. COOK
P.O. BOX 1929
DELAND FL 32721



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

COOK, RICHARD R.
103 W. WISCONSIN AVE
SUITE 203
DELAND FL 32770

3. Date Incorporated or Qualified

04/23/1992

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2993618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

444 SEABREEZE AVE
SUITE 435

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title of agent, if any.

(2001) Registered Agent Signature required when not stated.

DATE:

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME FLOUNDERS, ROBERT A.
STREET ADDRESS 6709 CACTUS CT
CITY-STATE-ZIP ORLANDO FL

TITLE VST ☐ DELETE

NAME COOK, RICHARD R.
STREET ADDRESS P.O. BOX 1929 (N/A)
CITY-STATE-ZIP DELAND FL

TITLE D ☐ DELETE

NAME PRESLEY, E.T.
STREET ADDRESS 828 JOHN ANDERSON DR
CITY-STATE-ZIP ORMOND BEACH FL

TITLE D ☐ DELETE

NAME SCHONSHECK, DAROLD
STREET ADDRESS 315 RIO PINAR
CITY-STATE-ZIP ORMOND BEACH FL

TITLE D ☐ DELETE

NAME SPENCER, JACK
STREET ADDRESS 606 MALLORY CT
CITY-STATE-ZIP STONE MOUNTAIN GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

P/D ☐ Change ☒ Addition

DONALD S. TRAYER
6 FOUNTAINBLEAU CIRCLE
DAYTONA BEACH, FL 32118

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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 given an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (904) 254-2920

CR2E034 (12/95)