

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

FILED

May 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P38530** (2)
1. Corporation Name
AU INTERNATIONAL, INC.

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| 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 32721-1929 |
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|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/23/1992 | 3a. Date of Last Report 05/01/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-2993618 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| COOK, RICHARD R. 444 SEABREEZE AVE 435 DELAND FL 32770 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City DAYTONA BEACH FL 85 Zip Code 32118 | |

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 re-instating) DATE _____

| | | | |
|----------------------------|-------------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FLOUNDERS, ROBERT A. | 1.2 NAME | T/D J. ALLEN THUMSER |
| STREET ADDRESS | 6709 CACTUS CT | 1.3 STREET ADDRESS | 3853 S. ATLANTIC AVE #306 |
| CITY - ST - ZIP | ORLANDO FL | 1.4 CITY - ST - ZIP | DAYTONA BEACH, FL, 32127 |
| TITLE | VST <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOK, RICHARD R. | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 1929 (N/A) | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELAND FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESLEY, E.T. | 3.2 NAME | |
| STREET ADDRESS | 828 JOHN ANDERSON DR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORMOND BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHONSHECK, DAROLD | 4.2 NAME | S/D |
| STREET ADDRESS | 315 RIO PINAR | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORMOND BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPENCER, JACK | 5.2 NAME | |
| STREET ADDRESS | 808 MALLORY CT | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | STONE MOUNTAIN GA | 5.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONALD S THAYER | 6.2 NAME | |
| STREET ADDRESS | 8 FOUNTAINBLEAU CIRCLE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | DAYTONA BEACH FL | 6.4 CITY - ST - ZIP | |

14. I do 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: *J. Allen Thumser* REQUIRED 4/28/97 904-254-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)