

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

APPROVED  
AND  
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98 OCT 26 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PA3000053374</b> 1. Corporation Name <b>AUTO ELECTRICAL WIZ INC.</b>			
Principal Place of Business <b>2771-4 TENNESSE ST BONITA SPRINGS, FL 34135</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21 <b>16690-6 OLD 41N</b>		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>Naples, FL</b>		City & State 28	
Zip 24 <b>34110</b>		Country 25	
Country 29		Zip 30	
9. Name and Address of Current Registered Agent <b>JEFFREY S. DICKERSON 4961 30TH PL S.W. NAPLES, FL 34116</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstalling) DATE _____			
12. OFFICERS AND DIRECTORS TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>JEFFREY S. DICKERSON</b> STREET ADDRESS <b>4961 30TH PL SW</b> CITY-ST-ZIP <b>NAPLES, FL 34116</b> <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <b>JEFFREY S. DICKERSON</b> 941-495-6080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE <b>10/26/98</b> Daytime Phone # <b>941-495-6080</b>			

CR2E034 (10/97)

10-08-98

IN EARLY JUNE OUR BOOKKEEPER INFORMED US THAT WE HAVE NOT  
FILED OUR ANNUAL CORPORATE REPORT FOR 1998 HAS NOT BEEN FILED.

WE THEN CALLED AND REQUESTED THE FORM FOR WE RECEIVED ANY  
INFO THROUGH THE MAIL.

OUR REQUEST WAS TAKEN BY M. MULLIGAN AND INFO WAS SENT.

WE FILLED OUT INFO AND SENT A CHECK ALSO WITH A NOTE EXPLAINING  
WHAT HAS HAPPENED.

WE THEN RECEIVED THE CHECK BACK AND YOUR LETTER.

IN THE MEANTIME WE'VE MOVED AND TALKED TO YOU YESTERDAY THEY  
STATED DOCUMENT WHAT WE 'VE DONE AND REQUEST A WAIVER FOR LATE  
FEE. WHICH WE ARE DOING WITH THIS PACKAGE. OUR NEW ADDRESS IS 16990-6  
OLD 41 N. NAPLES, FL 34110

THANK YOU  
JEFFREY DICKERSON

941-593-0822

06/10/98

MY BOOKKEEPER NOTIFIED ME THAT  
WE HAVEN'T FILED I DO NOT RECALL  
GETTING ANY INFORMATION ON THIS - I CALLED  
RIGHT AWAY AND HAD FORM SENT, I'VE  
NOW FILLED OUT + RETURNED

THANKS

*[Handwritten signature]*

941-495-6080