

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0007734

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000063254 1. Corporation Name AUTO ANSWERS, INCORPORATED		

AUG 10 1999
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 2814 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308	Mailing Address 2814 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1993	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3201126	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LIPTON, RONALD J 2814 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTON, RONALD J	12 NAME	
STREET ADDRESS	7021 SPENCER DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	2000029528127-0 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEART, GREG	22 NAME	-08/06/99--01069--018
STREET ADDRESS	2842 FAVERSHAM DR.	23 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	TALLAHASSEE FL 32303	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Ronald J Lipton **RONALD LIPTON** 7-7-99 (850) 893-6619

CR2E034 (5/99)



*Specialists in computer diagnostics, air conditioning systems,
electronic engine controls and general maintenance*

3812 North Monroe Street • Tallahassee, FL 32303 • (904) 562-8989

4803 Seaton Court • Tallahassee, FL 32308 • (904) 668-1990

2814 Capital Circle, N.E. • Tallahassee, FL 32308 • (904) 385-8899

8/2/99

*Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

Dear Mr. Toner:

Pursuant to our phone conversation, I am enclosing the returned applications for renewal of the corporations.

Due to a severe automobile accident, which left my mother with a broken neck, I have been traveling between Tallahassee and Ft. Lauderdale to assist with her recovery. As a result these documents were not returned in a timely manner. I sincerely apologize for this oversight and assure you this will not occur again.

Again, thank you in advance for your kind consideration regarding this matter.

Sincerely,

*Ronald Lipton
President*