

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # P94000032682 (4)**

**95 AUG -9 PM 2:29**

1. Corporation Name

**AUTOMATION SYSTEMS INCORPORATED**

Principal Place of Business: **19380 COLLINS AVE SUITE 1614 NO MIAMI BEACH FL 33160**  
 Mailing Address: **19380 COLLINS AVE SUITE 1614 NO MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/28/1994**  
 3a. Date of Last Report: \_\_\_\_\_  
 4. FEI Number: **65-0405894**  
 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**  
 7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23  
 2a. Mailing Address: 26, 27, 28  
 24. City & State: \_\_\_\_\_  
 25. Country: \_\_\_\_\_  
 29. City & State: \_\_\_\_\_  
 30. Country: \_\_\_\_\_

**9. Name and Address of Current Registered Agent**

**KAPLAN, MARLENE  
 240 CRANDON BLVD  
 SUITE 114  
 KEY BISCAYNE FL 33149**

**10. Name and Address of New Registered Agent**

81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_  
 85 Zip Code: **FL**

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 reconstituting) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b>
NAME	<b>UNSCHULD, ROBERT</b>
STREET ADDRESS	<b>19380 COLLINS AVE SUITE 1614</b>
CITY - ST - ZIP	<b>NO MIAMI BEACH FL 33160</b>
TITLE	<b>D</b>
NAME	<b>UNSCHULD, ROBERT</b>
STREET ADDRESS	<b>19380 COLLINS AVE SUITE 1614</b>
CITY - ST - ZIP	<b>NO MIAMI BEACH FL 33160</b>
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____

**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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 receiver or trustee appointed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or in attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/3/95 305682-1969**  
 U.S. DEPT. OF REVENUE

CFR2034 (3/95)