

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077004 (7)**

1. Corporation Name  
**AUTO ELECTRIC MFG. CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**6801 LYONS ROAD, STE. F-2 COCONUT CREEK FL 33073**

3. Date Incorporated or Qualified **10/19/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

4. FEI Number **65-0545521** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BENEDON, STEVEN S  
10720 N.W. 55 PLACE  
CORAL SPRINGS FL 33078**

10. Name and Address of New Registered Agent  
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 607.1908, 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 607.0502, Florida Statutes.

SIGNATURE *Steven S. Benedon* DATE **4/3/95**  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	Irv Benedon	
1 3 STREET ADDRESS	15774 Loch Maree La. Apt. 3806	
1 4 CITY, ST, ZIP	Delray Beach, FL 33446	
2 1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME	Steven Benedon	
2 3 STREET ADDRESS	10720 NW 55th Pl.	
2 4 CITY, ST, ZIP	Coral Springs, FL 33076	
3 1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 2 NAME	Linda Benedon	
3 3 STREET ADDRESS	10720 NW 55th Pl.	
3 4 CITY, ST, ZIP	Coral Springs, FL 33076	
4 1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	Rosalind Benedon	
4 3 STREET ADDRESS	15774 Loch Maree La. Apt. 3806	
4 4 CITY, ST, ZIP	Delray Beach, FL 33446	
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)(a), 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: *Steven S. Benedon* **PRECIDENT STEVEN S. BENEDON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/3/95** FILE # **305-420-0224**  
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