FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000077004 (7)**

1. Corporation Name

AUTO ELECTRIC MFG. CORP.

Principal Place of Business	Mailing Address
6601 LYONS ROAD. STE. F-2 COCONUT CREEK FL 33073	6601 LYONS ROAD. STE. F-2 COCONUT CREEK FL 33073

3. Date Incorporated or Qualified: **10/19/1994**

3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

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 33076

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 605.0204 and 617.1504, 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 607.325, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENEDON, IRV		1.2 NAME	
STREET ADDRESS	15774 LOCH MAREE LA. APT 3806		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENEDON, LINDA		2.2 NAME	
STREET ADDRESS	10720 NW 55TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BENEDON, ROSALIND		3.2 NAME	
STREET ADDRESS	15774 LOCH MAREE LA. APT 3806		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BENEDON, STEVEN		4.2 NAME	
STREET ADDRESS	10720 NW 55TH PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an arrow or on an attached sheet with an arrow.

SIGNATURE: _____ STEVEN S BENEDON 4/10/96 (954) 420-0254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)