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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90043 008 ***150.00

PROFIT CORPORATION.
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000077004

1. Corporation Name
AUTO ELECTRIC MFG. CORP.

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

Mailing Address
 6601 LYONS ROAD, STE. F-2
 COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1994

4. FEI Number
65-0545521

Applied For
 Not Applicable

2. Principal Place of Business
 21 **2521 N.W. 17th LANE**

2a. Mailing Address
 26 **2521 N.W. 17th LANE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 **Suite 3**

27 **Suite 3**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 **Pompano Beach FL**

28 **Pompano Beach FL**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 **33064** 25 **U.S.A.**

29 **33064** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENEDON, STEVEN S
 10720 N.W. 55 PLACE
 CORAL SPRINGS FL 33076

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **C BENEDON, IRV**
 STREET ADDRESS **15774 LOCH MAREE LA. APT 3806**
 CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **16049 LOMOND HILLS TRAIL**
 1.4 CITY-ST-ZIP **DELRAY, FL. 33446**

TITLE DELETE
 NAME **S BENEDON, LINDA**
 STREET ADDRESS **10720 NW 55TH PL**
 CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **T BENEDON, ROSALIND**
 STREET ADDRESS **15774 LOCH MAREE LA. APT 3806**
 CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **16049 LOMOND HILLS TRAIL**
 3.4 CITY-ST-ZIP **DELRAY FL. 33446**

TITLE DELETE
 NAME **P BENEDON, STEVEN**
 STREET ADDRESS **10720 NW 55TH PL**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Steven S. Benedon* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 **954-978-0880**
 Date Daytime Phone #

CR2E034 (11/98)