

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025704 (4)

1. Corporation Name

AUTO-KINETICS, INC.



Principal Place of Business

28100 U.S. HWY. 19 NORTH
SUITE 504
CLEARWATER FL 34621

Mailing Address

28100 U.S. HWY. 19 NORTH
SUITE 504
CLEARWATER FL 34621

3. Date Incorporated or Qualified
03/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 800 DUNBAR AVENUE

26 P.O. BOX 12208

4. FEI Number

59-3306990

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 OLDSMAR, FL

28 OLDSMAR, FL

Zip
24 34677

Country
25 USA

Zip
29 34677-0208

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOROTA, JOSEPH J JR.
28100 U.S. HWY. 19 NORTH
SUITE 504
CLEARWATER FL 34621

81 Name RICHARD D. NELSON

82 Street Address (P.O. Box Number is Not Acceptable)

1810 PINE HILL DRIVE

83

84 City SAFETY HARBOR

FL

85 Zip Code 34695

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

5/6/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOROTA, JOSEPH J JR.
28100 U.S. HWY. 19 NORTH, #504
CLEARWATER FL 34621

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
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TITLE
NAME
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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME RICHARD D. NELSON
1.3 STREET ADDRESS 1810 PINE HILL DRIVE
1.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695
☐ Change ☒ Addition

2.1 TITLE V
2.2 NAME HARVEY R. MINTON
2.3 STREET ADDRESS 6762 88TH AVENUE
2.4 CITY-ST-ZIP PINELLAS PARK, FL
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE S/T
4.2 NAME JAMEA E. ENRIGHT
4.3 STREET ADDRESS 1112 GREENLEA DRIVE
4.4 CITY-ST-ZIP HOLIDAY, FL
☐ Change ☒ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

813/855-7040

Date

Daytime Phone #

CR2E034 (12/95)