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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000030438 (2)

1. Corporation Name

AUTOMATED FINANCIAL CORP.

Principal Place of Business

13480 S.W. 248TH ST.
MIAMI FL 33032

Mailing Address

P O BOX 82-4116
PRINCETON FL 33092-4116
US

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

06/19/1996

4. FEI Number

65-0574428

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 17820 S. Dixie Hwy
Suite, Apt. #, etc

2a. Mailing Address

26 17820 S. Dixie Hwy
Suite, Apt. #, etc

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

25 33157

Country

29 Zip

30 33157

Country

9. Name and Address of Current Registered Agent

SVADBIK, JOHN
13480 SW 248 ST
MIAMI FL 33032

10. Name and Address of New Registered Agent

81 Name

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

83 17820 S. Dixie Hwy

84 City

MIAMI

85 Zip Code

FL

86 Zip Code

33157

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

TITLE ☐ DELETE

NAME SVADBIK, JOHN
STREET ADDRESS 13480 S.W. 248TH ST.
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME SVADBIK, ANTON
STREET ADDRESS 13480 S.W. 248TH ST.
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME SVADBIK, JOHN
STREET ADDRESS 13480 SW 248 ST
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME SVADBIK, ANTON
STREET ADDRESS 13480 SW 248 ST
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0161006

CR2E034 (9/96)