## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

POCUMENT # P9500030438 (2) AUTOMATED FINANCIAL CORP.					II 41482 III 121 121 121
Principal Pla	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		in <b>ander</b> indi (8)( 1981
17820 S DIXIE HWY		17820 S DIXIE HWY			
MIAMI FL 33157		PRINCETON FL 33157			
US		US		DO NOT WRITE IN THIS SPA	ICE
<b>A</b> 5: :				3. Date Incorporated or Qualified 04/14/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0574428	Not Applicable
22		27		5. Certificate of Status Desired	8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·
23		26		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	
24	25	29	30	Personal Property Tax due June 30.	'
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Age	ent
SVADBIK, JOHN 81 Nan			61 Name		
17820 S DIXIE HWY			82 Street /	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33157					
			83		
			84 City	┡┖	5 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 regis					
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 Stan of lorida, 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 (17.0505, Florida Statutes.					
SIGNATURE				3-19-	-78
12.	Signature, typed or proted name of registered age		: Registered Agent signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DII	DECTADE IV. 10
TITLE	OFFICERS AND	DELETE	1.1 TITLE		Change
NAME	SVADBIK, JOHN		1.2 NAME	· ,	change Addition
STREET ADDRESS	13480 S.W. 248TH ST.		1.3 STREET ADDRESS	17820 5. Dixiz Hm	
CITY-ST-ZIP	MIAMI FL		1.4 City-St-ZiP	MAMI FC 33157	İ
TITLE	VP	DELETE	2.1 TITLE		Change
NAME	SVADBIK, ANTON		2.2 NAME	<del></del>	
STREET ADDRESS	13480 S.W. 248TH ST.		2.3 STREET ADDRESS	17820 5. Dixe Hm	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY+ST-ZIP	MIAMI FC 33157	
TITLE	\$	☐ DELETE	3.1 TITLE		Change Addition
NAME	SVADBIK, JOHN		3.2 NAME	0 t 0 t 0 t 0 t 0 t	
STREET ADDRESS	13480 SW 248 ST		3.3 STREET ADDRESS	17820 5. Dixie Hm	
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP	MIAM: FL 33157	
TITLE	T	DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change
NAME	SVADBIK, ANTON		4. 2 NAME	- AZA S N.V. H.	
STREET ADDRESS	13480 SW 248 ST		4.3 STREET ADDRESS	17820 S. DIXIT HW	
CITY-ST-ZIP	MIAMI FL	T priete	4.4 CITY-ST-ZIP	MIAMI FC 33157	<u> </u>
TITLE		DELETE	5.1 TITLE	L	Change Addition
NAME PARCET ADDRESS	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET <b>E</b>	5.4 CITY-ST-ZIP 6.1 TITLE		Change
NAME		beeci.	6.2 NAME	U	ourside Tryoning
STREET ADDRESS			6.2 NAME		]

In 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 attackment with an address.

6.4 CITY - ST - ZIP

**FILED** 

Mar 26 1998 8:00am

Secretary of State