

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000047532 (3)

1. Corporation Name

AUTOMON, INC.



Principal Place of Business

Mailing Address

10151 UNIVERSITY BOULEVARD  
SUITE 124  
ORLANDO FL 32817

10151 UNIVERSITY BOULEVARD  
SUITE 124  
ORLANDO FL 32817

3. Date Incorporated or Qualified

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 422 W. Fairbanks Ave

26 422 W. Fairbanks Ave

22 Suite/Apt. #, etc.

27 Suite/Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

32789

USA

32789

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

NAME P THOMPSON, MICHAEL

1.2 NAME

STREET ADDRESS 3960 WEST MARKET STREET

1.3 STREET ADDRESS

CITY-ST-ZIP AKRON OH 44333

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME V GENDRON, THOMAS

2.2 NAME

STREET ADDRESS 10151 UNIVERSITY BLVD., SUITE 124

2.3 STREET ADDRESS

CITY-ST-ZIP ORLANDO FL 32817

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE

NAME VS PATRICK, CARL E

3.2 NAME

STREET ADDRESS 7441 NORTH TAMiami TRAIL

3.3 STREET ADDRESS

CITY-ST-ZIP SARASOTA FL 34243

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE

NAME T SIKON, TIMOTHY

4.2 NAME

STREET ADDRESS 3960 WEST MARKET STREET

4.3 STREET ADDRESS

CITY-ST-ZIP AKRON OH 44333

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS M. JONES  
THOMPSON, MICHAEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 401555344  
DATE DAY-MONTH-YEAR

CR2E034 (3/96)