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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

OCUMENT # P9500067542

Corporation Nan	ne			· -
AUTOMATIC	MERCHA	ANDISING	CORPORA	TION

rincipal Place of Business Mailing Address

S. US HIGHWAY ONE 4300 S. US HIGHWAY ONE
STE 203-315 SUITE 203-315
SUITE 203-317
SUITE FL 33477
SUITE FL 33477

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90259 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				08/31/1995		
Timopal Place of Business 2a. Mailing Address 26			4. FEI Number	Applic	ed For	
			65-0605944	Not A	pplicable	
Suite, Apt.			5. Certifcate of Status Desired	\$8.75 Add Fee Regu		
City & State	e City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	Country	28	Country	8. This corporation owes the current year		
.,,	25	29	30	Personal Property Tax.		No No
	9. Name and Address of Curre		1	10. Name and Address of New Register	red Agent	
	5. Name and Address of Carre	the Registered Agent	81 Name			
343	ERILAWYER ALMERIA AVENUE	Same		ddress (P.O. Box Number is Not Acceptable)		
CUN	RAL GABLES FL 33134		83			Ì
		•	84 City	` [FL 85 Zip Cod	je
- or r 1 ja - or r	registered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, Flo	uthorized by the corporarida Statutes. Registered Agent signature req	ation's board of directors. I hereby accept the application is boa		
		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 12
;	PVDM	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
		_	1.2 NAME	Samy		
	MANNING, ALAN R	245	1.3 STREET ADDRESS			
5.00	4300 S US HWY 1 STE 203-3	313				
	JUPITER FL 33477	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
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			2 2 NAME			
RESS	,		2.3 STREET ADDRESS			
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	-	74 - FF 194 - FE	3.2 NAME			
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Daytime Phone