FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000074479 (3)

1. Corporation Name
AUTOMATION & ENTERTAINMENT UNLIMITED, INC.

Principal Place of Business
6481 PARKLAND DRIVE
SARASOTA FL 34243

Mailing Address
6481 PARKLAND DRIVE
SARASOTA FL 34243

2. Principal Place of Business
21 6489 PARKLAND DRIVE
Suite, Apt. #, etc.
22
City & State
23 SARASOTA, FL.
Zip
24 34243
Country
25

2a. Mailing Address
26 P.O. BOX 611
Suite, Apt. #, etc.
27
City & State
28 TALLEVAST, FL.
Zip
29 34270
Country
30

3. Date Incorporated or Qualified: 09/25/1995
3a. Date of Last Report:
4. FEI Number: 55-0612575 — 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

9. Name and Address of Current Registered Agent
WOMELDORPH, HOWARD R JR
6481 PARKLAND DRIVE
SARASOTA FL 34243

10. Name and Address of New Registered Agent
81 Name: HOWARD R. WOMELDORPH, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 6489 PARKLAND DRIVE
83
84 City: SARASOTA FL
85 Zip Code: 34243

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]
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
DATE 4-26-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WOMELDORPH, HOWARD R JR	
STREET ADDRESS	6481 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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	D	☒ Change ☐ Addition
1.2 NAME	HOWARD R. WOMELDORPH, JR.	
1.3 STREET ADDRESS	6489 PARKLAND DRIVE	
1.4 CITY-ST-ZIP	SARASOTA, FL. 34243	
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 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] HOWARD R. WOMELDORPH, JR. 4-26-96 (941)351-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)