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

DOCUMENT # 1. Corporation Name P95000074479 (3)

AUTOMATION & ENTERTAINMENT UNLIMITED, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	siness Mailing Address	
8489 PARKLAND DRIVE P.O. BOX 611 SARASOTA FL 34243 TALLEVAST FL 34270 US DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	— т	Applied For
21 26 65-0612575		Not Applicable
Suite Apt # etc Suite Apt #, etc.		Additional
50/16, Apt. #, etc. 5. Certificate of Status Desired 27	Fee I	Required
City & State City & State 8. Election Campaign Financing Trust Fund Contribution		May Be
Zip Country Zip Country 8. This corporation owes or has paid the cu		
		™ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered	Agent	
WOMELDORPH, HOWARD R JR		
6489 PARKLAND DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)	ddress (P.O. Box Number is Not Acceptable)	
SARA80TA FL 34243 83		
84 City	OF 75	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 reinstating) DATE		······
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
TITLE DELETE 1.1 TITLE	Change	Addition
NAME WOMELDORPH, HOWARD R JR 1.2 NAME		;
STREET ADDRESS 6489 PARKLAND DRIVE 1.3 STREET ADDRESS		li
CITY-ST-ZIP SARASOTA FL 1.4 CITY-ST-ZIP		
TIFLE DELETE 2.1 TITLE	Change	Addition
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TITLE DELETE 6.1 TITLE	Change	Addition
NAME 62 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 c	ertify that the	ne information

Indicated on this annual report or supplies with this fining stoos for quanty or the exemption stated in Section 118-07-07(f), Florida Statutes. Further certification or the formation 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 charged, or on an attachment with an address.

Unwand R. Womeldord TR