

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90075 037 ***158.75

DOCUMENT # P96000000282

1. Corporation Name

UNITED AUTO SYSTEMS, INC.

Principal Place of Business

6401 BADGER DR
BLDG E
TAMPA FL 33610
US

Mailing Address

3092 S. 25TH STREET
FT. PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0638023

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, JOSEPH J

4302 GUNN HWY

APT 413

TAMPA FL 33264

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

5207 Five Acre Road

84

Plant City,

FL

85

Zip Code

33565

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 AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, JAMES E	1.2 NAME	
STREET ADDRESS	3092 S. 25TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34981	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, JOSEPH J	2.2 NAME	5207 Five Acre Road
STREET ADDRESS	4302 GUNN HWY, APT 413	2.3 STREET ADDRESS	Plant City, FL 33565
CITY-ST-ZIP	TAMPA FL 33264	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, SCOTT L	3.2 NAME	
STREET ADDRESS	29331 75TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM WI 53168	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary/Treasurer
STREET ADDRESS		4.3 STREET ADDRESS	Connie Childs
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3092 S. 25th St
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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:

Joseph J Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(813) 622-9331

Daytime Phone #

CR2E034 (11/98)