

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
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DOCUMENT # **P9600000282**  
1. Corporation Name

UNITED AUTO SYSTEMS INC.

Principal Place of Business	Mailing Address
6401 BADGER DRIVE BLDG "E" TAMPA, FL 33610	3092 S 25TH STREET FORT PIERCE, FL 34981

FILED  
99 July 12 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	01/02/96
4. FEI Number	65-0638023
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
JOSEPH J. MILES 5207 FIVE ACRE ROAD PLANT CITY, FL 33565

10. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	JOSEPH J. MILES
STREET ADDRESS	5207 FIVE ACRE ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	SECRETARY/TREASURER <input type="checkbox"/> DELETE
NAME	CONNIE CHILDS
STREET ADDRESS	3092 S 25TH STREET
CITY-ST-ZIP	FT PIERCE, FL 34981
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	V-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ARBELL MILES
33 STREET ADDRESS	3076 S 25TH STREET
34 CITY-ST-ZIP	FORT PIERCE, FL 34981
41 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JOSEPH B. MILES
43 STREET ADDRESS	3076 S 25TH STREET
44 CITY-ST-ZIP	FORT PIERCE, FL 34981
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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: **Connie Childs** **Connie Childs** 6/21/99 561 465-5960

CR2E034 (11/98)