Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90134 034 \*\*\*150.00

## 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** 

## DOCUMENT # P9600023708

<ol> <li>Corporation</li> </ol>	on Name	,020,00						
AUTOM	OBILE RESOURCES, INC.					,		
						1 2001/000 HIN 100/00 ANNI 00/H 00/H 00/H 0		
	<del></del>				<del></del>			
Principal Place of Business Mailing Address							### HEEF HAM 100	
886 S. DILLARD STREET 886 S. DILLARD STREET			,					
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/15/1996		
2. Principal P	2a. Mailing Address	ess			4. FEI Number	Ar	pplied For	
21		26				59-3366433		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & Stat	te .	City & State				C Stadio Consider Financia		equired
23	N.	28				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country	Zip	Country	·		This corporation owes the current year		10 - 662
24	25	·	30	•		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Register		
			81	1 Na	ame			
	IDBERG, ROBERT L		82	2 St	treet Addre	ess (P.O. Box Number is Not Acceptable)		-
886 S. DILLARD STREET					110017.22.2			
AAILA	ITER GARDEN FL 34787		83	3	_			
			84	4 Cit	ity		85 Zip (	Code
				-	•	F	-L	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	/e-nar	med corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute:	/ UIS . S.	COrporation	18 board of directors, I hereby accept the ap	ропши <del>с</del> т аз го	gistereu
SIGNATURE						VIII		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE  OFFICERS AND DIRECTORS			ant signa	sature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE		1.1 TITLE	13. ·		ADDITIONS/CHANGES TO OFFICE NO	Change	Addition
NAME	LUNDBERG, ROBERT L		1.2 NAME				☐ \$1101.5°	
STREET ADDRESS			1.3 STREET ADDRESS		DEGG			
CITY-ST-ZIP	WINTER GARDEN FL 34787		1.4 CITY-S					
TITLE	***************************************	☐ DELETE	2.1 TITLE		$\overline{}$		[*] Change	Addition
NAME		_	2.2 NAME				U	<u> </u>
STREET ADDRESS	1		2.3 STREET		RESS			
CITY-ST-ZIP			2. 4 CITY-S					
TITLE	☐ DELETE		3.1 TITLE	01-27	<del></del>		Change	Addition
NAME	1		3.2 NAME					
STREET ADDRESS	1		3.3 STREET	ET ADDF	RESS			
CITY-ST-ZIP	l		3.4. CITY-S	ST-ZIP	, [			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME	1		4. 2 NAME					
STREET ADDRESS	ı		4.3 STREET	T ADDR	RESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	1		5.2 NAME		1	·,		
STREET ADDRESS	ı		5.3 STREET	T ADDR	RESS			
CITY-ST-ZIP			5.4 CITY-ST	ST-ZIP				
TITLE	ı	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition

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 of the repeiver or trustee empowered to effect 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 affactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

352 383 9219