

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

FILED

Feb 05 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P96000042418 (9)

1. Corporation Name

AUTOMOTIVE INNOVATIONS, INC.



|  |  |
|--|--|
| Principal Place of Business<br><del>830 WINDERMERE WAY</del><br><del>PALM BEACH GARDENS FL 33418</del> | Mailing Address<br><del>830 WINDERMERE WAY</del><br><del>PALM BEACH GARDENS FL 33418</del> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 784 U.S. Highway One<br>Suite, Apt. #, etc.<br>22 Suite 22-D<br>City & State<br>23 North Palm Beach, FL<br>Zip<br>24 33408 | 2a. Mailing Address<br>26 784 U.S. Highway One<br>Suite, Apt. #, etc.<br>27 Suite 22-D<br>City & State<br>28 N. Palm Beach, FL<br>Zip<br>29 33408 |
|---|---|

|  |                                |  |
|--|--------------------------------|--|
| 3. Date Incorporated or Qualified<br>05/17/1996  | 4. FEI Number<br>65-0670034    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be Added to Fees    |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |  |

9. Name and Address of Current Registered Agent  
VENTOLIER, MATHEW  
830 WINDERMERE WAY  
PGA NATIONAL  
PALM BEACH GARDENS FL 33418

|   |
|---|
| 10. Name and Address of New Registered Agent                                  |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>784 U.S. Highway One |
| 83 Suite 22-D   |
| 84 City<br>North Palm Beach   |
| 85 Zip Code<br>FL 33408   |

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 |                               |
|----------------------------|-------------------------------|
| TITLE                      | PSD                           |
| NAME                       | VENTOLIER, MATHEW DAVID       |
| STREET ADDRESS             | <del>830 WINDERMERE WAY</del> |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL 33418   |
| TITLE                      | VTD                           |
| NAME                       | GAILLARD, LOIS                |
| STREET ADDRESS             | 830 WINDERMERE WAY            |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL 33418   |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY-ST-ZIP                |                               |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY-ST-ZIP                |                               |
| TITLE                      |                               |
| NAME                       |                               |
| STREET ADDRESS             |                               |
| CITY-ST-ZIP                |                               |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                |
|---|--------------------------------|
| 1.1 TITLE   | PVSTD                          |
| 1.2 NAME  |                                |
| 1.3 STREET ADDRESS                                    | 784 U.S. HIGHWAY 1, SUITE 22-D |
| 1.4 CITY-ST-ZIP                                       | NORTH PALM BEACH, FL 33408     |
| 2.1 TITLE   |                                |
| 2.2 NAME  |                                |
| 2.3 STREET ADDRESS                                    |                                |
| 2.4 CITY-ST-ZIP                                       |                                |
| 3.1 TITLE   |                                |
| 3.2 NAME  |                                |
| 3.3 STREET ADDRESS                                    |                                |
| 3.4 CITY-ST-ZIP                                       |                                |
| 4.1 TITLE   |                                |
| 4.2 NAME  |                                |
| 4.3 STREET ADDRESS                                    |                                |
| 4.4 CITY-ST-ZIP                                       |                                |
| 5.1 TITLE   |                                |
| 5.2 NAME  |                                |
| 5.3 STREET ADDRESS                                    |                                |
| 5.4 CITY-ST-ZIP                                       |                                |
| 6.1 TITLE   |                                |
| 6.2 NAME  |                                |
| 6.3 STREET ADDRESS                                    |                                |
| 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)(f), 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: MATHEW VENTOLIER, President 01/30/98 561-626-1008

CR2E034 (10/97)