


**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90002 016 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000042418**

1. Corporation Name

**AUTOMOTIVE INNOVATIONS, INC.****d/b/a ADVERTISING INNOVATIONS, INC.**

Principal Place of Business

**784 US HWY 1**  
**SUITE 22D**  
**NORTH PALM BEACH FL 33408**  
**US**

Mailing Address

**784 US HWY 1**  
**SUITE 22-D**  
**NO PALM BEACH FL 33408**  
**US**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/17/1996**

4. FEI Number

**65-0670034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

**21 900 U.S. Highway One**

Suite, Apt. #, etc.

**22 # 104**

City &amp; State

**23 Lake Park, Florida**

Zip

**24 33403**

Country

2a. Mailing Address

**26 900 U.S. Highway One**

Suite, Apt. #, etc.

**27 # 104**

City &amp; State

**28 Lake Park, Florida**

Zip

**29 33403**

Country

9. Name and Address of Current Registered Agent

**VENTOLIER, MATHEW**  
**784 US HWY 1**  
**SUITE 22D**  
**NO PALM BEACH FL 33408**
81 Name  
**Mathew D. Ventolier**82 Street Address (P.O. Box Number is Not Acceptable)  
**900 U.S. Highway One**

83 Suite # 104

84 City  
**Lake Park,****FL**85 Zip Code  
**33403**

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

*Mathew D. Ventolier, Pres* **4/6/99**

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME **PVDT VENTOLIER, MATHEW DAVID**STREET ADDRESS **784 US HWY 1 SUITE 22D**CITY-ST-ZIP **NO PALM BEACH FL 33408**1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ AdditionNAME **PVSTD Mathew David Ventolier**1.3 STREET ADDRESS **900 U.S. Highway One Ste. # 104**1.4 CITY-ST-ZIP **Lake Park, Florida 33403**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/99** **561-882-9494**

CR2E034 (11/98)