**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secre ary of State DIVISION OF CORPORATIONS

## Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90025 033 \*\*\*158.75

## DOCUMENT # P96000098793

1. Corporation Name

710101110	otive systems experts	, ING.								
Principal Flace	e of Business	Mailing Address				IBHID BININ BERN BOI	IC EOIN EONO	I DI DI ROFII		1106 1111 1401
6311 POWERS AVE. JACKSONVILLE FL 32217		P.O BOX 16953 JACKSONVILLE FL 32245-6953 US			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporate 12/04/1996	ed or Qualifed				
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number				Appl	lied For
2. Principal Place of Business		26 26		59-3413994			<u> </u>		Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.7	- <u></u> -	Iditional
22		27			5. Certifcate of St	atus Desired	X	Fe	e Req	uired
City & Stat	e	City & State		·-··	6. Election Campa Trust Fund Cor	•			00 v	lay Be Fees
23 Zip	Country	Zip	Country	у	8. This corporation	owes the curre	ent year Int			□No
24	9. Name and Address of Curre	29 3	<u> </u>		Personal Prope	<del></del>	egisteri d			
	9. Name and Address of Curre	n: Registered Agent	81	Name	10. Name and Adv	alesa Ol New IV	egiateri	Agent		
SAN	DRIE, R.M.									
6311 POWERS AVE.			82 Street		kidress (P.O. Bo). Numbe	r is Not Accepta	ble)			
	KSONVILLE FL 32217		83	3						
				<u> </u>				, ,		
			84	City			Fì	85	Zip Co	ode
	egistered agent, or both, in the State	e of Florida. Such change was ∋utl	horized by	v the corpor	ration's board of directors	I hereby accep	it the apt oi	ntment a	s reg	egistered stered
SIGNATUF:E	m familiar with, and accept the oblig	ent and title if applicable. (NOT 5: R	horized by la Statutes agistered Age	y the corpor s.	retion's board of directors	Thereby accep	DATE	ntment a	is reg :	stered
SIGNATUF:E	m familiar with, and accept the oblig  Signature, typed or printed ne ne of registered ag  OFFICERS A	at ons of, Section 607.0505, Fl prid ent and title if applicable. (NOT E: R NI) DIRECTORS	horized by la Statutes egistered Age	y the corpor s.	ration's board of directors	Thereby accep	DATE	ntment a	CTOF	S IN 12
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14. I hereb / 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 accurate 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 a little empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

R.m. Sandrie SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

R.M. Sandrie

904-733-6644

Change

☐ Addition

Daytime Phone #