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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # · P9700001400 (5)

AUTOMATION SUPPLY CORP.

FILED May 14 1998 8:00am Secretary of State



Principal Place of	Business	Mailing Address	Mailing Address				.,			
11212 SW 33RD	STREET		11212 SW 33RD STREET MIAMI FL 33165							
MIAMI FL 33165		MIAMI FL 33165				DO NOT WRITE IN THIS SPACE				
					ŀ	3. Date Incorporated or Qualified				
						01/07/1997				
2. Principal Place	e of Business	2a. Mailing Address	. D . (4. FEI Number		TA	pplied For		
21		26 PANC	26. Mailing Address 26. Box 3 of Cenal Gravet Fl. Suite, Apt. #, etc.						ot Applicable	
Suite, Apt. #,	elc	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional			
22		27 Box 30	l			5. Certificate of Status Desired		Fee R	equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28 COFAI GA	8105.	4		Trust Fund Contribution			to Fees	
Zip	Country	Zφ	Cour	ntry		8. This corporation owes or has pai	d the curre	ent year In	itangible	
24	25	29 33/34	30 111	Aun' h	ula	 Personal Property Tax due June 	30.	Yes [□ No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	gistered A	gent		
PENL	EY, TELLES D		ŀ	81 Name						
	SW 33RD STREET		ŀ	82 Street Address (P.O. Box Number is Not Acceptable)						
	FL 33165									
******	, t <u> </u>			83						
			1	21 0				10-1 7:-	0-4-	
				64 City			FL	85 Zip	Code	
11. Pursuant to t	he provisions of Sections 607.0 stered agent, or both, in the St	0502 and 607.1508, Florida State of Florida, Such change was	utes, the ab	ove-named	d corpor	ration submits this statement for the pin's board of directors. I hereby accep	urpose of our	changing i intment as	its registered registered	
agent. I am f	amiliar with, and accept the ob	ligations of, Section 607.0505, F	Florida Stati	ites.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			3	
SIGNATURE										
Sign	Nat ure, typed or pointed transis of majesterics	·		Agent signatur	e required	when reinstating)	DATE	D.DEGES	50 IV 20	
12.	OFFICERS /	AND DIRECTORS	13.		1.4	ADDITIONS/CHANGES TO OFFIC				
TITLE		DELETE	1.1 TIT	LE	<u> </u>	S Paulan	ı	Change	Addition	
NAME			1.2 NA	MF		125 D. Penley 125. W. 33541 Ami, F/. 33165				
STREET ADDRESS			1.3 ST	REET ADDRESS	11.6					
CITY-ST-ZIP			1.4 CII	Y - ST - 71P	Mi	Am 1-1. 33162				
TITLE		L_J DELETE	2.1 TIT	LE			ļ	Change	Addition	
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 ST	REET ADDRESS						
CITY-ST-ZIP			2. 4 CI	IY-SI-ZIP	<u> </u>					
TITLE		☐ DĒLETE	3.1 TIT	LF			l	Change	☐ Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET ADDRESS						
CITY-ST-ZIP			3.4 CI	TY-ST-ZIP						
TITLE		DELETE	4.1 717					Change	Addition Addition	
NAME			4. 2 N	ME						
STREET ADDRESS			4.3 ST	REFT ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP						
TITLE		DELETE	5.1 TIT		1			Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS				REET ADDRESS						
				Y-ST-ZIP						
CITY-ST-ZIP TITLE		DELETE	6.1 TIT		+			Change	ddition	
		[_] occit	6 ? NA			80000252	692	28	/VT	
NAME STORET ADDRESS						80 000252 -05/18/980104	102	3	/ (//	
STREET ADDRESS				REFT ADDRESS		***150.00	_		J ''	
CITY-ST-ZIP		1 141 41 1 41 1 2 2 2 2 2 2 2 2 2 2 2 2	6.4 CI	Y-ST-ZIP	And in Co	estion 110 07(2)(i) Elevido Statutes Li	further ear	tifu that th	- information	

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.

CIGNATURE SUL Kent Toller Denlev

4/20/98

705.444- 1179