## 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

DOCUMENT # P9700002374 (1)

AUTEC OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

232 PONCE DE LEON ST ROYAL PALM BEACH FL 33411 232 PONCE DE LEON ST ROYAL PALM BEACH EL 3341

## FILED May 11 1998 8:00am Secretary of State



ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					01/09/1997		
	ace of Business	2a. Mailing Address	a.	En R	2,00 4. FEI Number	oplied For	
21 / O O. Suite, Apt.	5 FLAGLER BUL	Suite, Apt. #, etc.	Hous	7613		ot Applicable Additional	
22	#, O(O.	27			I & Contingate of Status Desiron	Additional equired	
City & State	2 ~	City & State			6. Election Campaign Financing \$5.00	May Be	
23 LF	KE + APK, +L	28 LAKE PA	en,	H	Trust Fund Contribution   Added	to Fees	
- ZD	County	- <sup>Z<sub>10</sub></sup> ≥ 22000 -	Country		8. This corporation owes or has paid the current year in		
24 224	25 US g. Name and Address of Current F		0 0		Personal Property Tax due June 30. Yes [	No	
VC	LLER, PETER W	registered Agent	81	Name			
222 PONCE DE LEON CT							
ROYAL PALM BEACH FL 33411			82	82 Street Address (P.O. Box Number is Not Acceptable)			
110	THE PREMI DESTRUCTE DOTTE		83				
			84	City	as 7io	Codo	
			64	City	FL  85   Zip	Code	
11. Pursuant t	o the provisions of Sections 607.0502 a	and 607,1508, Florida Statutes	, the above	e-named	d corporation submits this statement for the purpose of changing i rporation's board of directors. I hereby accept the appointment as	s registered	
agent la	m f <b>ami</b> liar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	r the corp 3.	poration's board of directors. Thereby accept the appointment as	registered	
SIGNATURE				_			
	Signature, typed or printed name of registered agent a			ent signature	re required when reinstating) DATE	20 141 40	
12.	OFFICERS AND I	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12 Addition	
NAME	KELLER, PETER W		1.2 NAME			Addition	
STREET ADDRESS	232 PONCE DE LEON ST		1.3 STREET	ADDRESS	KELLER, YETER W		
CITY-ST-ZIP ROYAL PALM BEACH FL 33411			1.4 CITY- S		LAKE PARK, FL 33403		
TITLE		DELETE	2.1 TITLE	1-211	Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS	1		
CITY-ST-ZIP		Dougra	3.4 CITY-5	ST-ZIP		Addition	
TITLE		☐ DELETE	4.1 TITLE		L Change	Addition	
NAME			4. 2 NAME	- 1	1		
			44 OTREST	Innoren I			
STREET ADDRESS			4.3 STREET	ľ			
CITY-ST-ZIP		☐ DELETE	4.4 City-S	ľ	Change	Addition	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-S 5.1 Title	ľ	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 City-S 5.1 Title 5.2 NAME	T-ZIP	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CHY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP ADDRESS	Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 City-S 5.1 Title 5.2 NAME	T-ZIP ADDRESS	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.4 City-S 5.1 Title 5.2 Name 5.3 Street 5.4 City-S	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 City-S 5.1 Title 5.2 NAME 5.3 STREET 5.4 City-S 6.1 Title	T- ZIP  ADORESS T- ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	44 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S	T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14.   hereby c	ertify that the information supplied with	DELETE  this filling does not qualify for	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S the exemp	T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP  tion state	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14.   hereby condicated officer or officer or of the contract of the c	on this annual report or supplemental a	DELETE  this filing does not qualify for innual report is true and accure or trustee empowered to expense to the control to th	44 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S the exemp	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  tion state at my sign	☐ Change	Addition  Information at I am an	