AMENDED REPORT

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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002374

1. Corporation Name
AUTEC OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1605 FLAGLER BLVD LAKE PARK FL 33403 US	1605 FLAGLER BLVD LAKE PARK FL 33403 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0737158
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KELLER, PETER W
232 PONCE DE LEON ST
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name KELLER, PETER W
82 Street Address (P.O. Box Number is Not Acceptable) 1605 FLAGLER BLVD.
83
84 City LAKE PARK FL 85 Zip Code 3340[illegible]

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	700029789907--3	☐ Change ☐ Add
NAME	KELLER, PETER W		1.2 NAME	-09/03/99--01085--011	
STREET ADDRESS	1605 FLAGLER BLVD		1.3 STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Add
NAME			2.2 NAME	LINDA DENNISON	
STREET ADDRESS			2.3 STREET ADDRESS	122 LOWNSDALE AVE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	DAYTON, OH 45419	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Add
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with an address, with all other like empowered.

SIGNATURE: [illegible] DATE 4/29/99 TITLE KE