FILED Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90009 015 \*\*\*550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000016828

AUTEC OF FLORIDA, INC.

Principal Place of Business Mailing Address						
2810 COUNTRY	YSIDE BLVD.	2810 COUNTRYSIDE BLVD.				
#2	Et 04004	#2				DO NOT WRITE IN THIS SPACE
CLEARWATER	FL 34621	CLEARWATER FL 34621				
						3. Date Incorporated or Qualified
		<b>8 1 2 3 3 3 3 3 3 3 3 3 3</b>				
	ace of Business	2a. Mailing Address				7071367011
21		26				7,32=-1, 0.01.0
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required
22		27				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Intancible Personal Property.
24	25	29	30	<u> 0 </u>		
9. Name and Address of Current Registered Agent					<u></u>	10. Name and Address of New Registered Agent
PO/	IN CARY RECO			81	Name	
ROVIN, GARY B ESQ.					Street /	Address (P.O. Box Number is Not Acceptable)
l	O SOUTH DIXIE HIGHWAY					
PH2						
MIAI	MI FL 33156			84	City	85 Zip Code
				04	City	FL   65   Zip Code
11. Pursuant	to the provisions of sections 607 050	2 and 607.1508, Florida Statut	es, the ab	ove-n	named co	orporation 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 or directors, i nereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE						re required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE			-	TREASURER Change Addition
NAME	DUNCAN, KYLE E		ME		JOHN T. GREEN DICI NEWBURN DR BETHESDA, M'S 20816	
	ANA COLINEDVOIDE OLID			1.3 STREET ADDRESS		107.1 NEWBURN DR
STREET ADDRESS	CLEARWATER FL 34621		1.4 CITY-ST-ZIP		TODALSS	BETHES NA 111X 20816
CITY-ST-ZIP	D. OLDANIATER TE 34021	17 an ere	_	2.1 TITLE		
TITLE		DELETE				Change
NAME	HOBBY, THOMAS J		i i	2.2 NAME		
STREET ADDRESS	2500 WEST FRONT STREET		2.3 STREET ADD			
CITY-ST-ZIP	STATESVILLE NC 28677		2.4 CITY-ST		ZIP	
TITLE		DELETE	. 3.1 TI	TLE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET A	DDRESS	
CITY-ST-ZIP		_	3.4 CI	TY-ST-2	ZIP	
TITLE		DELETE	4.1 TF	TLE		Change Addition
NAME			4.2 NA	AME		
STREET ADDRESS			4.3 ST	REETA	NODRESS	
CITY-ST-ZIP			440	TY-ST-2	ZiP !	
TITLE .		DELETE	5.1 TI			Change Addition
NAME	Same of the same o	E DELLIL	5.2 NA		}	
· · · · · · · · · · · · · · · · · · ·					ADDRESS	
STREET ADDRESS	a view and have the				ι	,
CITY-ST-ZIP	and the second s		_	TY-ST-Z	<u> </u>	
TITLE		DELETE	6.1 TI			Change Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-ST-2	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.