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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Me. Sham

FILED

Mar 31 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

DOCU 1. Corporation	MENT # P97000	0018347 (9)		
5	UTOMATION, INC.	, ,		
Principal Plac	e of Business	Mailing Address		
1020 N.W. 6T	H ST	1020 N.W. 6TH ST		
BLOG № F DEERFIELD BEACH FL 33442 BLOG № F DEERFIELD BEACH			3442	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal P	face of Business	2a. Mailing Address		02/24/1997 4. FEI Number Applied For
21	idoo or business	26		65-07 6-1509 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22 City 6 City		27		Fee Required
City & Stat	E	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
	RTER, JOHN E			Charles 1. Hora
	00 N. FEDERAL HIGHWAY ITE 312		82 Street	Address (P.O. Box Number is Not Acceptable) 5140 N.E. 31 AVE
	CA RATON FL 33432		83	LIGHTHOUSE PT. FL 33064
,			84 City	se Zin Codo
≰4 Pureuent	to the provisions of Sections 607 0501	2 and 607 1508 Florida Statut	es the above named	FL 65 210 Code corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized by the corporide Statutes	poration's board of directors. I hereby accept the appointment as registered
agent. Fa	III Tarrillar Wild Andrecept the balgs	1100 POI, 30 CHOIT 307.0300, I'I	onda Statules.	3-25-98
			E Registered Agent signature	
12.	OFFICERS AND	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD. L. Change Addition
NAME			1.2 NAME	Hord, Charles F.
STREET ADDRESS	•		1.3 STREET ADDRESS	5140 NE 31 AVE
CITY-ST-ZIP	<u> </u>		1.4 CITY-ST-ZIP	Lighthouse Pt.FL 33064
TITLE		(DELETE	2.1 TITLE	S-T.D Change Addition
NAME			2.2 NAME	Karen L. Hord
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	5140 NE 31 AVE Lighthouse Pt. FL 33064
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME			4. 2 NAME	Sizing Ci Marion
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME ATREET LODGES			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 City+St-ZIP 6.1 Title	☐ Change ☐ Addition
NAME			62 NAME	_ ,
STREET ADDRESS			6.3 STREET ADDRESS	

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.