PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPÁRTMENT OF STATE

· Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90081 028 ***150.00

7. Corporado	MENT # P97000 AUTO LOGIC, INC.	0020670			
					⇒ :
Principal Plac	ce of Business	Mailing Address		1 (\$\frac{1}{2}1	İ
609 S.W. FLAGLER AVENUE FORT LAUDEROALE FL 33301		808 S.W. Flagler avenue Fort Lauderdale FL 33301			Ì
				70%	
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	i
l				02/26/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For	i
21		26		-65 0725300 59-343 7366 Not Applicable	,
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	ļ
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	ىد
23		28		Trust Fund Contribution Added to Fees	
Zp	Country	Zip	Country	8. This corporation owes the current year intangible Personal Property Tay Dyes No	ţ
24	25 9 Name and Address of Curre			Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent	•
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE STE 3000 MIAMI FL 33131 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth			82 Street 93 84 City	Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) F. LAUDERDALE Corporation submits this statement for the purpose of changing its registered particing board of directors. I hereby socept the appointment as registered	
agent le	m lamillar will and accord the oblig	atlone of, Section 607,0505; Florid	la Statutes	1/201.00	7
SIGNATURE	Signature, typed or printed name of registerates	ent and title if applicable (NOTE: Ri	sgistered Agent signature o	equired when reinstating)	Ť
12,.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	8
TITLE	0	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	CRZE034 (1.1/98)
NAME	CHMIELARZ, ARIEL		1.2 NAME	1	젍
STREET ADDRESS			1.3 STREET ADDRESS		Ķ
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	☐ Change ☐ Addition	쏬
TITLE	ĺ	☐ DELETE	21 TINE	E Charge C. Actions	ī
NAME			22 NAME		1
STREET ADDRESS	}		2.3 STREET ADDRESS 2.4 CTY-ST-ZIP	·	,
CITY-ST-ZIP		I DELETE	3.1 TITLE	☐ Change ☐ Addition	1
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP			3.4. CITY- \$1-2IP		
TITLE		☐ DELETE	4.1 TILE	. Change Addition	

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 with all other like empowered.

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4.3 STREET ADDRESS 4.4 City-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

'5,4' GITY- ST-29P

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: X SUNATURE AND TYPED OR PRINTED IN ARIEL CHANTEL

NAME STREET ADDRESS

TILE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

H-8-99 954-462-663/

Addition

Addition

☐ Change

☐ Change