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 # P97000028619 (9)

AUTOMOTIVE FOLLOW-UP SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



1211 W. FLETCHER AVE. TAMPA FL 33812	1211 W. FLETCHER AVE. TAMPA FL 33612		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
			03/31/1997	
2. Principal Place of Business 21 5283 EHRLCH	ROAD 26. Mailing Address SA	ms	4. FEI Number 439164 Applied For Not Applied	_
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required	1
City & State 23 TAMPA FA	LORIDA 28 City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
zip 33624 zs Co	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	
	Idress of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
MOONEY, MARK F		oi Name		
1211 W. FLETCHER AVE. TAMPA FL 33612		82 Street	Address (P.O. Box Number is Not Acceptable)	
		84 City	FL 85 Zip Code	
11. Pursuant to the provisions of soffice or registered agent, or the provisions of soffice at the and	Sections 607.0502 and 607.1508, Florida Statute both, in the state of Florida, Such change was a	es, the above-named authorized by the corp grids Statutes	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	red id
SIGNATURE Junitur Bred or printed	MINISPER	Registered Agent signature	408/98	_
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIC	DELETE	1.1 TITLE	☐ Change ☐ Addi	ition
NAME ALICE	NETNSTEIN	1.2 NAME		
STREET ADDRESS 13514 C	NBSIDE DR	1.3 STREET ADDRESS		
777777	DELETE	1.4 CITY - ST - ZIP	Change Addi	ition
TITLE	_ with	2.1 TITLE	Ollaryc Li Aud	"""
NAME STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS	·	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	Change Add	ition
NAME		3.2 NAME		ŀ
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - \$T - ZIP]
TITLE	DELETE	4.1 TITLE	Change Add	ition
NAME		4. 2 NAME		- [
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TATLE	Change Add	ition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP	Change Add	ition
THTLE	☐ DELETE	6.1 TITLE	Li Change Li Adu	וועווו
NAME CYDEET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-ZIP	nation supplied with this filling dogs not qualify to	6.4 City-ST-ZIP	 ed in Section 119.07(3)(i) Florida Statutes, I further certify that the informat	rion

indicated on this annual report or supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver of 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 chapter 50 on an attaching of the accuracy of trustee.

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4/27/98 813969-2413