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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065899 (1)

AUTOTRONICS OF SARASOTA, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1570A N. WASHINGTON BLVD 1570A N. WASHINGTON BLVD SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/28/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite. Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROBINSON, TROY K 1570A N. WASHINGTON BLVD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 City Zip Code 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 THUE TITLE ROBINSON, TROY NAME 1.2 NAME 1570A N. WASHINGTON BLVD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DANIELS, GORDON R 2.2 NAME MALE 1570A N. WASHINGTON BLVD STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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, or on an attachment with an address.

SIGNATURE:

15225 4-1-98