**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000073312

1. Corporation Name

AUTO ACCESS, INC.

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90159 029 \*\*\*150.00



Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4400 W. SAMPLE RD., SUITE 112 4400 W. SAMPLE RD., SUI			E 112				
COCONUT CREEK FL 33073 COCONUT CRE			3		B 0 1107 1110175 111 711		
					DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualifed		
					08/25/1997 4 FEI Number		
2. Principal Pi	lace of Business	2a. Mailing Address					oplied For
21		26			65-0782826		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A	1
22		27					
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28	Causta		Trust Fund Contribution	Added t	'0 Leez
Zip	Country	Zip	Country	'	8. This corporation owes the current year I	Intangible	□No
24	[25]		30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81	Name	10, Name and Address of New Registere	u Agent	
VDVI	MC MADOMAII A		١,,	Name			
ADAMS, MARSHALL A 4400 W. SAMPLE RD., SUITE 112			82	Street A	Address (P.O. Box Number is Not Acceptable)		
COC	ONUT CREEK FL 33073		83				
			84	City		. 85 Zip (	Code
				,	F	L	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ithorized by	the corpor	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	ointment as re-	gistered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Age	nt signature rec	equired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
TITLE	VSTD	X DELETE	1.1 TITLE			Change	Addition
NAME	JENSEN, RICHARD		1.2 NAME				
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 1	112	1.3 STREE	TADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33073	•	1.4 CITY-5	T-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE		VPD	Change	Addition
NAME	ADAMS, MARSHALL A		2.2 NAME		SAME	- •	
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 1		23 STREE	TADDRESS	SAME		
	COCONUT CREEK FL 33073	16	2. 4 CITY-		SAME.		
CITY-ST-ZIP TITLE	COCONOT CHEER TE GOOTS	DELETE	3.1 TITLE	31-21		Change	Addition
	TOURS !	12	3.2 NAME		ADAMS, TERRIS 4400 W SAMPLE RD SUR	_ °	
NAME	4400		4	TADDRESS	4400 W Spuble RD SUNT	se w	
STREET ADDRESS					COCONUT CREEK FL 330	73	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-:	51-ZIP	NOT CHECK PC 370	Change	Addition
TITLE			4.1 TITLE			L) change	
NAME			4. 2 NAME	- 1			ļ
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-5	T-ZIP			
TITLE	,	☐ DELETE	51 TITLE			[_] Change	Addition
NAME	•		5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 C(TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP	,		6.4 CITY-S	T-ZIP			

Mis filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with all other like impowered. 14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changes of the corporation of the corporatio

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR