

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000080773
1. Corporation Name

AUTO DYNAMICS, INC.

Principal Place of Business: **7111 NORTON AVENUE BAY 6 WEST PALM BEACH FL 33405**
Mailing Address: **7111 Norton Ave Bay 6 West Palm Beach, FL 33405**

FILED
99 MAR 10 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

DO NOT WRITE IN THIS SPACE
Date Incorporated or Qualified: **09/17/97**
4. FFL Number: **65-0785353**
Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation owes the current year Intangible Personal Property Tax: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
DALE R. STONE, CPA
4500 BBLVEDERE ROAD-SUITE F2
WEST PALM BEACH, FL 33415-1357
(561) 683-0866

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **700002806427--0**
-03/15/99--01134--019
84 City
******300.00 FL ****150.00**

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 _____ Signature typed or printed name of registered agent (title optional)

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	PIRES, EDUARDO	
STREET ADDRESS	2580 FAIRWAY ISLAND DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Add
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 empowerments.

SIGNATURE: _____ * 3-5-99 (561) 582-3383

CR2E034 (1-1-98)

Handwritten initials and date: TSP 3/10/99