


**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90029 039 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Manó</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106668

1. Corporation Name

AUTOMOTIVE &amp; TRUCK RESEARCH, INC.

 Principal Place of Business  
 1214 ASBURY WAY  
 BOYNTON BEACH FL 33426

 Mailing Address  
 1214 ASBURY WAY  
 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

65-6801044

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 ☐ No2. Principal Place of Business  
21 8652 VIA REALE #3

Suite, Apt. #, etc.

2a. Mailing Address

26 8652 VIA REALE #3

Suite, Apt. #, etc.

23 BOCA RATON, FL

City &amp; State

24 33496

Country

28 BOCA RATON, FL

City &amp; State

29 33496

Country

9. Name and Address of Current Registered Agent

 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
 TITLE PSTD  
 NAME D'EGIDIO, ANTHONY G  
 STREET ADDRESS 1214 ASBURY WAY  
 CITY-ST-ZIP BOYNTON BEACH FL 33426

 1.1 TITLE  
 1.2 NAME D'Egidio, Anthony  
 1.3 STREET ADDRESS 8652 VIA REALE #3  
 1.4 CITY-ST-ZIP BOCA RATON, FL 33496

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 4.1 TITLE  
 4.2 NAME  
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 4.4 CITY-ST-ZIP

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 STREET ADDRESS  
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 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)