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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090620

1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90186 037 ***150.00

AUTO GE	ENIE, ING.										
Principal Place	e of Business	Mailing Address	3				, !!!!!!!	INI SIN ININI LUKI NUKSI	MBSII MMIIE MAII	D 38111 00110 011	E 11011 0011 1001
10402 BURRIS (200 E. ROBINSOI		500							
ORLANDO FL 3		ORLANDO FL 32	801					DO NOT WI	DITE IN TH	S SDACE	
						}	3 Date Incor	porated or Qualife		SOFACE	
						-	10/23/19	_			
2 Principal P	lace of Business	2a. Mailing Add	ress				4 FEI Numb	er .			Applied For
21	dec of Business	26					59-	35404	20	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				1			\$8.75	Additional
22		27					5. Certificate	of Status Desired		Fee.l	Required
City & State	e	City & State					6. Election C	ampaign Financin	g 🗆	•	0 May Be
23		28						I Contribution			d to Fees
Zip	Country	Zip		Country				ration owes the ci	urrent year I	ntangible Yes	□No
24	25	29	30	<u> </u>			<u> </u>	Property Tax. I Address of Nev	v Posistoro		
	9. Name and Address of Cur	rrent Registered Agent		81	Name		10. Name and	Address of 1464	Registere	u Agent	
FLOE	RIDA CORPORATE SUPPORT,	INC		["							
	E. ROBINSON ST. STE. 500			82	Street	Addres	ss (P.O. Box Nu	mber is Not Acce	ptable)		
	ANDO FL 32801			83						1.0 -4	
05									 .		
				84	City				F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Flor	ida Statutes,	the above	l e-named	corpor	ration submits th	is statement for the	ne purpose	of changing i	ts registered
office or re agent. I a	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such char	nge was auth	ionzed by	the corp	corpor	ration submits the 's board of direct	nis statement for the tors. I hereby acc	ne purpose cept the app	of changing i ointment as	ts registered registered
office or re	paietered agent or both in the St	ate of Florida. Such char oligations of, Section 607.	nge was auth .0505, Florida	ionzed by a Statutes	tne corp	oration	when reinstating)	dors. Thereby acc	DATE		
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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 all address, with all other like empowered.

SI	G	N	Δ.	FI I	IR	F

SIGNATURE AND TYPED OR PENETID NAME OF SIGNING OFFICE POR DIRECTOR

2-25-99

407-876-0137

CR2E034 (11/9