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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$10493

AUTO-LINK SYSTEMS, INC. Principal Place of Business Mailing Address 2527 SW REILLEY AE POST OFFICE BOX 177 PALM CITY FL 34990 PALM CITY FL 34991-0177 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1990 08/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3037554 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TUNNELL, RICHARD G. 2527 S.W. REILLEY AVE. 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 84 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 DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. 96/6) TITLE 🔲 DELETE Change ___ Addition TUNNELL, RICHARD G. NAME 1.2 NAME 2527 SW REILLEY AVE STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY - \$1 - 2IP DELETE TITLE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE TITLE Change Addition 3.1 1014 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-7IP DELETE TITLE 4.1 TITLE ___ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 5 1 11TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+S1-ZIP DELETE TITLE Change Addition 6 i Inte NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS

14. I do 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