DOCUMENT # S37783 1. Entity Name AUTO MESSENGER SERVICE, INC.								FILED Jan 10, 2001 8:00 a Secretary of State				
Principal Blog	o of Business			Moiling Address				01-10-2001	_			1 3
Principal Place of Business				Mailing Address 6565 TAFT ST				01 10 2001	70155			Annual Basic of Con-
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2. Principal Place of Business			3	3. Mailing Address								The state of the s
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SI	PACE		. 3
City & State				City & State		4.	FEI Number 65-0251550			oplied For ot Applicable	The first part part of the second sec	
Zip		Country		Zip	Coun	ntry	5.	Certificate of Status Desired		8.75 Add		
	6 Name	and Address of	Current Rea	istered Agent	• -·	· ·		Name and Address of New Regi	<u> </u>	ee Require gent	<u>, </u>	
	J. Hanne	THE MUNICIPAL OF	-arroin neg			Name	,.	and manage of mon negl				
REEVES, B J ESQ 6565 TAFT ST						Street Adi	dress (P.O.	Box Number is Not Acceptable)				
	102											
HOLLYWOOD FL 33024						City			FL	Zip Cod	е	
8. The above	named entity	v submits this state	ement for the	purpose of changing it	s registere	ed office or r	egistered a	gent, or both, in the State of Florid	a.			
		,					•					
SIGNATURE				1	o · ·				DATE			
	Signature, typed	or printed name of regist	ered agent and titl	le if applicable. (NO	TE: Registere	d Agent signature	e required when	reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financ Trust Fund Contribution.	oing 🔲		0 May Be to Fees	
11.		OFFICE	RS AND DIRE		12.	<u> </u>		DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
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indicated of the cor	on this repor	t or supplemental le receiver or trust	report is true ee empowere	and accurate and that	my signat t as requi	ture shall hav	ve the same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name a	n: that I an	n an officer	or director	
CICNIAT	rupe. (Konal		Jan-				/- 4 - 0 1				=:
SIGNAT	UNE: _	SIGNATURE AND T	YPED OR PRINTE	ED NAME OF SIGNING OFFICE	R OR DIRECT	гоя	<u>.</u>	Date	Day	time Phone #		1