

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathison Secretary of State DIVISION OF CORPORATIONS
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**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:04

**DOCUMENT # S59367 (0)**  
 1. Corporation Name  
**AUTOMOTIVE ENGINEERING INCORPORATED**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1546 S.E. 43RD TERRACE OCALA FL 32671	1605 N MAGNOLIA AVENUE OCALA FL 34475 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/10/1991	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3142714	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		7. This corporation has liability for attorney's fees under s. 199 U.S.C. Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHUCHIAN, PATRICIA 1546 S.E. 43RD TERRACE Ocala FL 32671				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0602 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 607.1508, Florida Statutes.

SIGNATURE: *Patricia Chuchian* 4-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME	D CHUCHIAN, MICHAEL W. 1546 S.E. 43RD TERRACE OCALA FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 STREET ADDRESS		12 NAME	
103 CITY, ST, ZIP		13 STREET ADDRESS	
104 NAME	D CHUCHIAN, CHRISTOPHER 1546 S.E. 43RD TERRACE OCALA FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105 STREET ADDRESS		22 NAME	
106 CITY, ST, ZIP		23 STREET ADDRESS	
107 NAME	D CHUCHIAN, ARTHUR 1546 S.E. 43RD TERRACE OCALA FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
108 STREET ADDRESS		32 NAME	
109 CITY, ST, ZIP		33 STREET ADDRESS	
110 NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
111 STREET ADDRESS		42 NAME	
112 CITY, ST, ZIP		43 STREET ADDRESS	
113 NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 STREET ADDRESS		52 NAME	
115 CITY, ST, ZIP		53 STREET ADDRESS	
116 NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117 STREET ADDRESS		62 NAME	
118 CITY, ST, ZIP		63 STREET ADDRESS	
119 NAME		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information indicated on this filing is voluntary furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent responsible to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment, as an addressee.

SIGNATURE: *[Signature]* 4-30-95 904-620-0049