

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

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S76217 (6)

1. Corporation Name
AU-TOMOTIVE GOLD, INC.

Principal Place of Business
2862 N. EL BURRITO AVENUE
TUCSON AZ 85705

Mailing Address
2862 N. EL BURRITO AVENUE
TUCSON AZ 85705-4002



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1991	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0359265	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAZZARD, RAYMOND
LAZY OAK ROAD
FT. WHITE FL 32038

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 type for previous name of registered agent is not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	BOTTIERI, JOSEPH B., JR.	1.2 NAME	
STREET ADDRESS	RT 2 BOX 12	1.3 STREET ADDRESS	8620 NW 13 ST 189
CITY-STATE-ZIP	FT WHITE FL	1.4 CITY-STATE-ZIP	GAINESVILLE FL 32653
TITLE	D	2.1 TITLE	VP
NAME	PESKOE, M. JAY	2.2 NAME	
STREET ADDRESS	146 CAVIAR PLACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85745	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	
NAME	HAZZARD, RICHARD B	3.2 NAME	
STREET ADDRESS	11858 N. COPPER BUTTE DRIE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TUCSON AZ 85701	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 2/20/97 520-7701786

CR2E034 (9/96)