

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S93026 (0)
1. Corporation Name
AUTOLEC IGNITION TECHNOLOGIES, INC.



Principal Place of Business 7685 MATOAKA ROAD SARASOTA FL 34243 US	Mailing Address 7685 MATOAKA ROAD SARASOTA FL 34243 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4904 Greencroft Road Suite, Apt. #, etc. 22 Suite 100 City & State 23 Sarasota, Florida Zip 24 34235		2a. Mailing Address 26 4904 Greencroft Road Suite, Apt. #, etc. 27 Suite 100 City & State 28 Sarasota, Florida Zip 29 34235		3. Date Incorporated or Qualified 11/12/1991	
Country 25 USA		Country 30 USA		4. FEI Number 59-3093922	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CABLISH, TOMER G JR
4301 32ND ST. W.
SUITE D-5
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name	Homer G. Cablish Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	5306 Cortez Road West
83 Suite 2	
84 City	Bradenton, FL
85 Zip Code	34210

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 agent. I a

SIGNATURE



HOMER G. CABLISH Jr. EA 16 JAN 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME CULLEN, PETER D. STREET ADDRESS 7685 MATOAKA ROAD CITY - ST - ZIP SARASOTA FL 34243	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME PETER D. CULLEN 1.3 STREET ADDRESS 4904 Greencroft Road 1.4 CITY - ST - ZIP Sarasota, Florida 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address.

SIGNATURE:



PETER D. CULLEN

16 JAN 1998 941 851 2630

Date Daytime Phone # 0458321

CR2E034 (10/97)