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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(5)

AUTO IMAGE INTERNATIONAL, INC.

Mailing Address

FILED Mar 19 1998 8:00am Secretary of State

17510-C U.S. HWY 41 N LUTZ FL 33549		17510-C U.S. HWY 41 N LUTZ FL 33549				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/07/1992		
2. Principal Place of Business 2a. Mailing Address							Applied For	
21		26				59-3118396	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
City & State	е							
Zip Country 25		Z _{IP} Country 30		try				
	9, Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered Agent		
GA	UDENS, HENRY J.	70.00	=	81	Name			
17510-C U.S. HWY 41 N LUTZ FL 33549			Į.	32	Street Add	ress (P.O. Box Number is Not Acceptable)		
LU	I <i>L</i> FL 339 4 9		E	3 3				
			Ē	84	City	85 Z	ip Code	
	a ar a a ta nan manak watasan na sa sa sa sa	a managan ta ta a				operation submits this statement for the purpose of changing		
SIGNATURE	Stignature: typed or protect name of reportered name OFFICERS AN		(NOTE Hegistored /	Agen	il signature requi	red when roinstaring) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D	DELETE	1.1 7(1)	E		☐ Chang		
NAME	GAUDENS, HENRY J.		1.2 NAM	Æ				
STREET ADDRESS	17510-C US HWY 41 N		1.3 STR6	EFT.A	ADDRESS			
CITY-ST-ZIP	LUTZ FL		1.4 CITY					
TITLE		DELETE	21 TITE		-	☐ Chang	e Addition	
NAME			22 NAM					
STREET ADDRESS			2 3 STAI	EET #	ADDRESS			
CITY-ST-ZIP			2. 4 CiT					
TITLE		DELETE	3 1 111			☐ Chang	e Addition	
NAME			3.2 NAM	AE.				
STREET ADDRESS			3.3 STRI	EE1 #	ADDRESS			
CITY-ST-ZIP			3.4. CITY	Y-S1	I - ZIP			
TITLE		DELETE	4.1 TITU	E		☐ Chang	e 🔲 Addition	
NAME			4 2 NAM	ME				
STREET ADDRESS			4.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY	/-ST	- ZIP		·	
TITLE		DELETE	5.1 TITL	E		☐ Chang	e 🔲 Addition	
NAME			5.2 NAM	AE.				
STREET ADDRESS			5.3 STRE	EET A	ADDRESS			
CITY-ST-ZIP			5.4 CITY	/- ST	- ZIP			
TtTLE		DELETE	6.1 TITU	E		Chang	je 🔲 Addition	
			-		- 1			

14. Thereby 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 13 if changed, or on an attachused with an address

63 STREET ADDRESS

STREET ADDRESS CITY-ST-2IP

SIGNATURE:

3-10-98 818-948-1333