

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V38266** (5)

1. Corporation Name  
**AUTOCRAFTERS, INC.**

Principal Place of Business

**5691 NE 14TH AVE  
FT LAUDERDALE FL 33334  
US**

Mailing Address

**980 N FEDERAL HWY  
STE 415  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/21/1992**

4. FEI Number

**65-0341242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMERCIAL MANAGEMENT GROUP INC  
980 N FEDERAL HWY  
SUITE 415  
BOCA RATON FL 33432**

81 Name

**COMMERCIAL MANAGEMENT SERVICES, INC.**

82 Street Address (P.O. Box Number is Not Acceptable)

**980 N. FEDERAL HWY.**

83

**SUITE 415**

84 City

**BOCA RATON**

**FL**

85 Zip Code

**33432**

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

*Steven J Saviano, Pres, CMS*

**4/15/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D SAVIANO, STEVEN J**  
STREET ADDRESS **980 N FEDERAL HWY SUITE 415**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DPVS SUBIN, NEIL**  
STREET ADDRESS **980 N FEDERAL HWY SUITE 206**  
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **DPST SUBIN, NEIL**  
2.3 STREET ADDRESS **998 S. FEDERAL HWY, STE 202**  
2.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ DELETE  
NAME **D METANIAS, GEORGE A**  
STREET ADDRESS **980 N FEDERAL HWY SUITE 415**  
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Steven J Saviano, Pres, AC*

**4/15/98**

**(954) 771-2900**

CFR2034 (10/97)