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Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90001 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000023036**

1. Corporation Name
MEMORY MOTORS SOUTH, INC.

Principal Place of Business Mailing Address
 4551 NE 6TH AVE. 8007 NW 102 WAY
 OAKLAND PARK FL 33334 TAMARAC FL 33321
 US



DO NOT WRITE IN THIS SPACE

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
 24 25 29 30

3. Date Incorporated or Qualified
03/21/1994
 4. FEI Number Applied For
NOT APPLICABLE 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
KURLAND, SHELDON C.
727 NE 3RD AVE.
SUITE 201
FT. LAUDERDALE FL 33304

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	D
NAME	GOLDMAN, ROBERT
STREET ADDRESS	115 AGUSTA DR
CITY-ST-ZIP	DEERFIELD IL
TITLE	D
NAME	GOLDMAN, DAVID D
STREET ADDRESS	615 LISBON ST
CITY-ST-ZIP	OGDEN BURD NY
TITLE	D
NAME	GOLDMAN, LAURIE
STREET ADDRESS	2008 EMERSON ST
CITY-ST-ZIP	BERKLEY CA
TITLE	P
NAME	GOLDMAN, RALPH
STREET ADDRESS	8007 NW 102 WAY
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VP
NAME	GOLDMAN, SHIRLEY
STREET ADDRESS	8007 NW 107 WAY
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D
NAME	GOLDMAN, ROBERT
STREET ADDRESS	115 AGUSTA DR
CITY-ST-ZIP	DEERFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *Ralph Goldman* **REQUIRED** 1/13/99 954-772-1408
 _____ Date _____ Daytime Phone #

CR2E034 (1/198)