

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

FILED
Apr 14 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 # **583717** (4)
1. Corporation Name
GARY BROWN FORD, INC.

Principal Place of Business
**8702 STATE ROAD 52
HUDSON FL 34667**

Mailing Address
**8702 STATE ROAD 52
HUDSON FL 34667**



DO NOT WRITE IN THIS SPACE

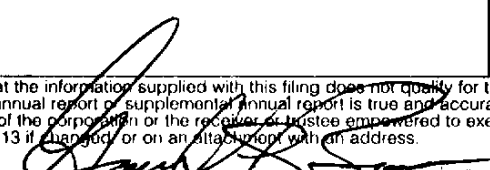
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1978	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 59-1926246	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent BOOTH, STEPHEN 7510 RIDGE RD HOLIDAY, FL AB 34668				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GARY V	1.2 NAME	
STREET ADDRESS	4929 SOUTH SHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOKANSON, PAULA B.	2.2 NAME	
STREET ADDRESS	10901 EARHART DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KATHLEEN N.	3.2 NAME	
STREET ADDRESS	4929 SOUTH SHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIKING, LISA B.	4.2 NAME	
STREET ADDRESS	8909 EXPOSITION DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, CHRISTI	5.2 NAME	
STREET ADDRESS	9139 NILE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **GARY V. BROWN** 3/31/98

CR2E034 (10/97)