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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96514 (7)
1. Corporation Name
MORRIS STREET AUTO, INC.



Principal Place of Business
3329 54TH AVE N.
ST. PETERSBURG FL 33714

Mailing Address
3329 54TH AVE N.
ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	14639 BANANA TREE LANE	08/23/1982	
22	City & State	27	CLWTR. FL.	4. FEI Number	
23	Zip	28	Country	59-2220003	
24		29	34620	5. Certificate of Status Desired	
25		30	U.S.A.	Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent
BRIANARD, C. SCOTT
10099 SEMINOLE BLVD, STE B2
SEMINOLE FL 33542

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D.
NAME	VAN KOWSKI, AE	1.2 NAME	VAN KOWSKI, AE.
STREET ADDRESS	14639 BANANA TREE LANE	1.3 STREET ADDRESS	14639 BANANA TREE LANE
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLWTR. FL.
TITLE	VD	2.1 TITLE	VP
NAME	KOCHIS, DAVE	2.2 NAME	ROCKIS, DAVID W
STREET ADDRESS	3329 54TH AVE., NORTH	2.3 STREET ADDRESS	5137 3RD AVE N
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33714
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____
5-5598 528 8574

CR2E034 (10/97)