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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K15599 (9)BRIAN GALLEY MOTORS, INC. Principal Place of Business Mailing Address 3297 W. OAKLAND PARK BLVD 3297 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1231 FT. LAUDERDALE FL 33311-1231 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1996 02/22/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0035557 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible to under s. 199.032, Florida Statutes
Yes
No Country Ζip Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JACKSON, COLIN Name 2919 CORAL SHORES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 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. Signal (i.e. type clier printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. Addition Change DELETE 1.1 TITLE TIFLE JACKSON, COLIN 1.2 NAME CR2E034 NAME 2919 CORAL SHORES DR 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CHY-\$1-7# □ DELETE 21 TITLE Change Addition TITLE 22 NAME MASSE STREET ADDRESS 23 STREET ADDRESS 2.4 CITY-ST-ZIP C(1) y - \$1 - 20 DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY ST-ZIP DELETE Change Addition 4.1 TITLE THLE 4 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CHY-51-7IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 001Y-S1-7/2 DELETE Change Addition 6.1 TITLE TITLE MAM 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Ido 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 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 corp lation 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

SIGNATURE

CITY - \$1-209

FILED

Apr 15 1997 8:00am

Secretary of State