

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

FILED

Feb 10 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 # **K15599** (9)
1. Corporation Name
BRIAN GALLEY MOTORS, INC.



Principal Place of Business 3297 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1231	Mailing Address 3297 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7853 SE SUGAR SAND CIR Suite, Apt. #, etc. 22 City & State 23 HOBE SOUND Zip 24 FL Country 25 US		2a. Mailing Address C/O KURACK 27 209 NE 95 ST. #9 Suite, Apt. #, etc. 28 MIAMI SHORES, FL Zip 29 33138 Country 30 US		3. Date Incorporated or Qualified 02/22/1988	4. FEI Number 65-0035557 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent JACKSON, COLIN 2919 CORAL SHORES DRIVE FT. LAUDERDALE FL 33306				10. Name and Address of New Registered Agent 81 Name JOHN KURACK 82 Street Address (P.O. Box Number is Not Acceptable) 209 NE 95 STREET #9 83 84 City MIAMI SHORES FL 85 Zip Code 33138			
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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 **JOHN J. KURACK** **John Kurack** **2/4/98**
(Signature typed or printed name of registered agent and title, if applicable) (Name of Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, COLIN			1.2 NAME			
STREET ADDRESS	2919 CORAL SHORES DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE PRST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				2.2 NAME BRIAN GALLEY			
STREET ADDRESS				2.3 STREET ADDRESS 7853 S.E. SUGAR SAND CIR.			
CITY-ST-ZIP				2.4 CITY-ST-ZIP HOBE SOUND, FL. 33455			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 amendment with an address.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2. 98.

CR2E034 (10/97)