

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

FILED
Jan 27 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 # L63903 (3)
1. Corporation Name
GARY BURNS AUTO SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
%GARY D. BURNS 4102 NORTH FLORIDA AVE. TAMPA FL 33603		%GARY D. BURNS 4102 NORTH FLORIDA AVE. TAMPA FL 33603	
2. Principal Place of Business		2a. Mailing Address	
21 4105 N. Florida Ave. Tampa, FL 33603		26 4105 N. Florida Ave. Tampa, FL 33603	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Tampa, FL		28 Tampa, FL	
Zip		Zip	
24 33603		29 33603	
Country		Country	
25		30	
3. Date Incorporated or Qualified 04/04/1990			
4. FEI Number 65-0202700			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent			
BURNS, GARY D. 4102 NORTH FLORIDA AVE. TAMPA FL 33603			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable) 4105 N. Florida Ave.			
83			
84 City Tampa			
85 Zip Code FL 33603			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GARY D.	1.2 NAME	
STREET ADDRESS	4102 N. FLORIDA AVE.	1.3 STREET ADDRESS	4105 N. Florida Ave.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, WALTRAUD K.	2.2 NAME	
STREET ADDRESS	4102 N. FLORIDA AVE.	2.3 STREET ADDRESS	4105 N. Florida Ave.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, LESLIE O	3.2 NAME	
STREET ADDRESS	14644 BLUESTONE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, MARTHA A	4.2 NAME	
STREET ADDRESS	14644 BLUESTONE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTER, ROSE N	5.2 NAME	Burns, Rose N (divorce)
STREET ADDRESS	5218 CORVETTE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 attachment with an address.

SIGNATURE

Waltraud Burns

Waltraud Burns

1/12/98 (212) 227-2511

CR2E034 (10/97)