

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION
 ANNUAL REPORT
 1995 *6-9-95*



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN -9 AM 8:38

DOCUMENT # **P94000020011 (0)**

1. Corporation Name
AUTOMOTIVE GALLERIES & ARTISTS SOCIETY, INC.

Principal Place of Business Mailing Address
1500 CARAMBOLA ROAD LAKE CLARKE SHORES FL 33406
1500 CARAMBOLA ROAD LAKE CLARKE SHORES FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/15/1994** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 <i>P.O. Box 17433</i>		65-047-2198		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28 <i>West Palm Beach, FL.</i>					
Zip	Country	Zip	Country				
24	25	29 <i>33415</i>	30 <i>US</i>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLANDER, BRUCE L 5555 HOLLYWOOD BLVD. SUITE 200 HOLLYWOOD FL 33021				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, GERALD W	1.2 NAME	
STREET ADDRESS	1500 CARAMBOLA ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CLARKE SHORES FL 33406	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLETT, EDWIN P	2.2 NAME	
STREET ADDRESS	130 STEEPLE CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE GA 30214	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEM, SCOTT	3.2 NAME	Delete
STREET ADDRESS	1960 U.S. # 1 S., SUITE 23	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32806	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ray Masters
STREET ADDRESS		4.3 STREET ADDRESS	8525 Sherwood Blvd.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Delray Beach, FL 33445
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Jack Webster
STREET ADDRESS		5.3 STREET ADDRESS	821 Cushing Ave
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Mettening, OH 45429
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 do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 corporation or a partner 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 addition with an address.

SIGNATURE: _____ DATE: *6/9/95* DAYTIME PHONE #: *407-565-0100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)