

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000023036 (4)

1. Corporation Name
MEMORY MOTORS SOUTH, INC.

Principal Place of Business

4551 NE 6TH AVE.
OAKLAND PARK FL 33334

Mailing Address

8007 NW 102 WAY
TAMARAC FL 33321-1228
US

FILED
Mar 14 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1994		3a. Date of Last Report 01/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FET Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KURLAND, SHELDON C
727 NE 3RD AVE.
SUITE 201
FT. LAUDERDALE FL 33304

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

Ralph B. Goldman RALPH B. GOLDMAN

PRES

3/9/97

(Signature of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDMAN, RALPH B			1.2 NAME	ROBERT COLOMAN		
STREET ADDRESS	8007 NW 102ND WAY			1.3 STREET ADDRESS	115 AGUSTA DR.		
CITY-ST-ZIP	TAMARAC FL 33321			1.4 CITY-ST-ZIP	DEERFIELD IL. 60015		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DR DAVID GOLDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDMAN, SHIRLEY			2.2 NAME	615 LISBON ST.		
STREET ADDRESS	8007 NW 102ND WAY			2.3 STREET ADDRESS	OGDENSBURG NY 13669		
CITY-ST-ZIP	TAMARAC FL 33321			2.4 CITY-ST-ZIP	LAURIE GOLDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	8008 EMERSON ST		
NAME				3.2 NAME	BERKLEY CA 94703		
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 do 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 or changed, or on an attachment with an address.

SIGNATURE *Ralph B. Goldman* 3/16/97 954-721-8573

CR2E034 (9/96)