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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023036 (4)

MEMORY MOTORS SOUTH, INC.

Principal Place of Business	Mailing Address	
4551 NE 6TH AVE. OAKLAND PARK FL 33334	8007 NW 102 WAY Tamarac FL 33321 U\$	

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 21 26 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 28 Trust Fund Contribution Added to Fees 23 Zin Country Country 8. This corporation owes or has paid the current year intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KURLAND, SHELDON C 727 NE 3RD AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 FT. LAUDERDALE FL 33304 84 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GOLDMAN, ROBERT NAME 1.2 NAME 115 AGUSTA DR STREET ADDRESS 1.3 STREET ADDRESS DEERFIELD IL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE GOLDMAN, DAVID D 2.2 NAME NAME 615 LISBON ST STREET ADDRESS 2.3 STREET ADDRESS OGDEN BURD NY 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE GOLDMAN, LAURIE 3.2 NAME NAME 2008 EMERSON ST 3.3 STREET ADORESS STREET ADDRESS BERKLEY CA CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Addition 4.1 TITLE Change TITLE REGIDENT 4. 2 NAME NAME 8007 NW 102 WAY STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP PRESIDENT DELETE Change Addition TITLE 5.1 TITLE SHIRLEY GOLDHAN 8007 NW 102 WAY 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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, are on an attachment with an address.

SIGNATURE:

R2E034