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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000024124 (5)

GALLERY MOTORS LIMITED, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- P TOOMANDS AND ROBBO BURKS ON INCOME BURKS	OOLEO FIDA OL	/01/11/01/01/01	
4791 CLARK RD SARASOTA FL 34233				4791 CLARK RD SARASOTA FL 34233					DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified	11110011	-	
									03/18/1996			
2. Principal Pl	ace of Busine	ess		2e. Mailing Address					4. FEI Number		A	oplied For
21				26					65-0655643			ot Applicable
Sulte, Apt.	#, etc.		ļ <u>.</u>	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired
City & State				City & State					6. Election Campaign Financing			May Be
 , ·				28								to Fees
Zip	Country			Zip Country			,		8. This corporation owes or has paid	the currer	t year In	tangible
24	25			9	30	30			Personal Property Tax due June 3		-	No
9. Name and Address of Current Registered Agent									10. Name and Address of New Regi	stered Ag	ent	
KING, CLIFFORD M						81	Nar	ne				
	O SECOND	ST					Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	855			-								
SAI	r as ota fl	34236				83						
						84	City	/		FL	85 Zip	Code
11. Pursuant t	to the provision	ons of Sections 6	07.0502 and	d 607.1508, Flori	da Statutes, t	he abov	 ө-пап	ned corpo	oration submits this statement for the pur	rpose of c	nanging i	ts registered
office or re	eg iste red age m fa miliar wit	ent, or both, in the h. and accept the	e State of FI e obligation	lorida. Such ch ar s of, Section 60 7	ige was autho 0505, Florida	orized by Statute:	y the (S.	corporatio	on's board of directors. I hereby accept	the appoir	itment as	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 little if applicable. (NOTE: Registe							ant sign	ature requires	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DO AND D	IDECTO	BS IN 12
12.	PVST	OFFICE	HS AND DI	HECTORS D	FLETE	13.			ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME		I, THOMAS M				1.2 NAME				_	*	_
STREET ADDRESS	\$26 TREASURE BOAT WAY					1.3 STREET ADDRESS		ss				
CITY-ST-ZIP	SARASO	TA FL 34242				1.4 CITY - 9	ST - ZIP					
TITLE	CMTD			□ D	ELETE	2.1 TITLE				L	_ Change	Addition
NAME		I, THOMAS A				2.2 NAME						
STREET ADDRESS		ASURE BOAT \	NAY		1	2.3 STREET		ss				
CITY-ST-ZIP TITLE	SAKASU	TA FL 34242				2.4 CITY - 3.1 TITLE	ST-ZIP	_			Change	Addition
NAME	• ,					3.2 NAME				_		
STREET ADDRESS					1	3.3 STREET	ADDRE	ess				
CITY-ST-ZIP						3.4. CITY -	ST-ZIP					
TITLE				D	ELETE	4.1 TITLE					Change	Addition
NAME						4. 2 NAME						
STREET ADDRESS						4.3 STREET		SS				
CITY-ST-ZIP					ELETÉ	4.4 CITY - 8	ST - ZIP				Change	Addition
TITLE					CCEPL	5.1 TITLE 5.2 NAME				L.	Johange	Addition
NAME STREET ADDRESS						5.3 STREET	AUUDE	223				
CITY-ST-ZIP						5.4 CiTY - 9						
TITLE				D	ELETE	61 TATLE					Change	Addition
NAME						6.2 NAME						
STREET ADDRESS						63 STREET	ADDRE	ss				
CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6.4 CITY - 5	I - ZIP				 	
14. I hereby o	ertify that the	information supp	olied with th	is filing does not	qualify for th	e exemp	tion s	stated in S	Section 119.07(3)(i), Florida Statutes. I fu	irther ce rti	y that the	e information

ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a owored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in