

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000024278 (0)**

1. Corporation Name

AUTO RAIL SERVICES OF TAMPA, INC.



Principal Place of Business

11103 SAN PEDRO #109 SAN ANTONIO TX 78216

Mailing Address

11103 SAN PEDRO #109 SAN ANTONIO TX 78216

2. Principal Place of Business

2a. Mailing Address

21 7001 ANDERSON RD

26 P.O. Box 460768

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State TAMPA FL

City & State SAN ANTONIO, TX

23 33634

24 USA

28 78246

29 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.153, 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 607.006, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President

DATE

12. OFFICERS AND DIRECTORS

TITLE	D PRE	<input type="checkbox"/> DELETE
NAME	WILLIS, MICHAEL J	
STREET ADDRESS	603 WOODED TRAIL	
CITY, ST, ZIP	ROCKWALL TX 76087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENNE, STEVEN L	
STREET ADDRESS	3022 LAKE FOREST DR.	
CITY, ST, ZIP	GREENSBORO NC 27408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	SECR + TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN RAMOS	
STREET ADDRESS	2101 LOCKHILL-SELMA #2107	
CITY, ST, ZIP	SAN ANTONIO, TX 78213-1409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.073(3)(g), Florida Statutes. I further certify that the information included on this report or supplement thereto 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 partnership or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attached list with an affidavit.

SIGNATURE:

J. Ramos

J. RAMOS

SECR

2/2/96 (210)340-1028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)