


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90082 037 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000036395</b>					
1. Corporation Name <b>JORAY ENTERPRISES, INC.</b>					
Principal Place of Business <b>2227 14TH AVE VERO BEACH FL 32960</b>			Mailing Address <b>2227 14TH AVE VERO BEACH FL 32960</b>		
2. Principal Place of Business 21 <b>7007 PLUMOSA</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>7007 PLUMOSA</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>04/26/1996</b>	
City & State 23 <b>FT. PIERCE FL</b> Zip 24 <b>34951</b>		City & State 28 <b>FT PIERCE, FL</b> Zip 29 <b>34951</b>		4. FEI Number <b>59-3375413</b> Applied For Not Applicable	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
9. Name and Address of Current Registered Agent <b>MACHT, KENNETH B 3240 16TH STREET VERO BEACH FL 32960</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
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.		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>MACHT, RAYMOND E</b> CITY-ST-ZIP <b>2227 14TH AVE VERO BEACH FL 32960</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>7007 PLUMOSA LN</b> 1.4 CITY-ST-ZIP <b>FT PIERCE FL 34951</b>			
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>MACHT, ELIZABETH</b> CITY-ST-ZIP <b>2227 14TH AVE VERO BEACH FL 32960</b>		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>MACHT, JOHN F</b> CITY-ST-ZIP <b>2227 14TH AVE VERO BEACH FL 32960</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>MACHT, KELLY M</b> CITY-ST-ZIP <b>2227 14TH AVE VERO BEACH FL 32960</b>		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>ULRICH, LYNNE W</b> CITY-ST-ZIP <b>2227 14TH AVE VERO BEACH FL 32960</b>		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>MACHT, KENNETH</b> CITY-ST-ZIP <b>2227 14TH AVE VERO BEACH FL 32960</b>		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I 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, if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)