

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90034 043 ***150.00

<div>PROFIT CORPORATION ANNUAL REPORT 1999</div>		<div>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div>	
<div>DOCUMENT # P97000069536</div>			
<div>1. Corporation Name RAY'S TRUCK & BODY REPAIR, INC.</div>			
<div>Principal Place of Business 4268 NORTH ORANGE BLOSSOM TRAIL ZELLWOOD FL 32798</div>		<div>Mailing Address P.O. BOX 1053 ZELLWOOD FL 32798-1053</div>	
<div>2. Principal Place of Business</div>		<div>2a. Mailing Address</div>	
<div>21 Suite, Apt. #, etc.</div>		<div>26 Suite, Apt. #, etc.</div>	
<div>22 City & State</div>		<div>27 City & State</div>	
<div>23 Zip Country</div>		<div>28 Zip Country</div>	
<div>24 Country</div>		<div>29 Country</div>	
<div>9. Name and Address of Current Registered Agent</div>			
<div>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</div>		<div>81 Name 82 Street Address 83 84 City</div>	
<div>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation and its board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</div>			
<div>SIGNATURE</div>			
<div>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</div>			
<div>12. OFFICERS AND DIRECTORS</div>			
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>PSTD ARCE, RAMON 4268 NORTH ORANGE BLOSSOM TRAIL ZELLWOOD FL 32798</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>13.</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</div>	
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>		<div>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div>	

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

Bar

Daytime Phone

CR2E034 (11/98)