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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90034 036 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027110

1. Corporation Name

ROADWAY AUTOS, INC.

Principal Place of Business

8915 RICARDO LANE
JACKSONVILLE FL 32216

Mailing Address

8915 RICARDO LANE
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

59-3505204

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

21 6281 POWERS AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 SUITE 64

23 City & State

23 JAX FL

24 Zip

24 32217

Country

25 DONAL

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER STREET STE. 900
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 607.0502 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEREZ, RAYO
STREET ADDRESS 8915 RICARDO LANE
CITY-ST-ZIP JACKSONVILLE FL 32216

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

□ Change

□ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

□ Change

□ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

□ Change

□ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

□ Change

□ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

□ Change

□ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

□ Change

□ 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:

Rayo Perez, Rayo Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)