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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90150 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000044359

1. Corporation Name

RAYA T. MCCRAY ENTERPRISE, INC.

Principal Place of Business

2431 NW 27 AVE
FT LAUDERDALE FL 33311

Mailing Address

2431 NW 27 AVE
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0838738

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

MCCRAY, RAYA T
1524 NW 4 AVE APT 1
GAINESVILLE FL 32603

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

33311

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

June P. Lewis

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
LEWIS, C E
1524 NW 4 AVE
GAINESVILLE FL 32603

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
HOLLAND, MIA B
1524 NW 4 AVE
GAINESVILLE FL 32603

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
LEWIS, JOSEPH R
1524 NW 4 AVE
GAINESVILLE FL 32603

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MCCRAY, ELISHA
1524 NW 4 AVE
GAINESVILLE FL 32603

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
LEWIS, COURTNEY J
2431 NW 27 AVE
FT LAUDERDALE FL 33311

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
LEWIS, COURTNEY J
2431 NW 27 AVE
FT LAUDERDALE FL 33311

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P. CEO
McCray, RAYA T.
2431 N.W. 27 Ave.
Jr. Lauderdale, FL 33311

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

V. PRES
Lewis, June P.
8431 NW 87 Ave
Jr. Lauderdale, FL 33311

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D. S. HOLLAND, MIA B.
4044 NE 1 Drive, Apt
Gainesville, FL

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D. McCray, Elisha
2521 NW 11 St.
Pompano Beach, FL 33069

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

D. Joseph R. Lewis Jr.
2431 NW 27 Ave
Jr. Lauderdale, FL 33311

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

D. Joseph R. Lewis Jr.
2431 NW 27 Ave
Jr. Lauderdale, FL 33311

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: June P. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

954-485-3257

Date

Daytime Phone #

CR2E034 (1/98)