


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90014 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074768
 1. Corporation Name
TRAY MOVING AND STORAGE, INC.



Principal Place of Business 2900 50TH ST SW NAPLES FL 34116	Mailing Address 2900 50TH ST SW NAPLES FL 34116
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11905 Tamiami Trail N.		2a. Mailing Address 26 11905 Tamiami Trail N.		3. Date Incorporated or Qualified 08/24/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3531687	
23 City & State Naples, FL 34110		28 City & State Naples, FL 34110		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
24 Zip Country 34110 Collier		29 Zip Country 34110 Collier		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEFFERNAN, RAYMOND T III 2900 50TH ST SW NAPLES FL 34116				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 11905 Tamiami Trail N.			
83				84 City Naples, FL			
				85 Zip Code 34110			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEFFERNAN, RAYMOND T III			1.2 NAME			
STREET ADDRESS	2900 50TH ST SW			1.3 STREET ADDRESS	11905 Tamiami Trail N.		
CITY-ST-ZIP	NAPLES FL 34116			1.4 CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEFFERNAN, TRACY			2.2 NAME			
STREET ADDRESS	2900 50TH ST SW			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34116			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEFFERNAN, HELEN M			3.2 NAME			
STREET ADDRESS	364 NASSAU CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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] **REQUIRED** Date: 3-20-99 Daytime Phone #: 941-596-4055

CR2E034 (1/98)