

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northcutt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
95 MAR 20 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000000792 (1)**

1. Corporation Name  
**GREENWAY LAND HOLDINGS CORPORATION**

Principal Place of Business	Mailing Address
1601 FORUM PLACE SUITE P-2 WEST PALM BEACH FL 33401	1601 FORUM PLACE SUITE P-2 WEST PALM BEACH FL 33401

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Created	3a. Date of Last Report
02/17/1994	
4. FEI Number	Applied For
65-0464883	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for tangible tax under S. 192.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301**

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 of agent (fill in) Registered Agent (print name and title of agent) (fill in) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOCH, WILLIAM I
STREET ADDRESS	1601 FORUM PLACE, #P-2
CITY, ST, ZIP	WEST PALM BEACH FL 33401
TITLE	PD
NAME	CHERRY, BERNARD H
STREET ADDRESS	1601 FORUM PLACE, #P-2
CITY, ST, ZIP	WEST PALM BEACH FL 33401
TITLE	V
NAME	RUSH, BARNEY S
STREET ADDRESS	1601 FORUM PLACE, #P-2
CITY, ST, ZIP	WEST PALM BEACH FL 33401
TITLE	S
NAME	CALLAHAN, RICHARD P
STREET ADDRESS	1601 FORUM PLACE, #P-2
CITY, ST, ZIP	WEST PALM BEACH FL 33401
TITLE	T
NAME	SHIPLEY, ZACHARY
STREET ADDRESS	1601 FORUM PLACE, #P-2
CITY, ST, ZIP	WEST PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
7. TITLE	D/COO/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		
9. STREET ADDRESS		
10. CITY, ST, ZIP		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
17. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Vincent P. Zolnaco	
19. STREET ADDRESS	5250 S. Virginia St., Suite 304	
20. CITY, ST, ZIP	Reno, NV 89502	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 192.032, Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make certain only, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Richard P. Callahan 3/15/95 (407) 697-4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR