

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N49995 (6)
1. Corporation Name
HEADWAY PROPERTY OWNERS' ASSOCIATION, INC.

95 JAN 18 AM 9:10

Principal Place of Business Mailing Address
**4700 N. STATE ROAD 7, SUITE 101
FORT LAUDERDALE FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 03/14/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent KORTHALS, JOHN L ESQUIRE 1401 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33060	10. Name and Address of New Registered Agent
01. Name	
02. Street Address (P.O. Box Number is Not Acceptable)	
03.	
04. City	05. 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 necessary) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREDA, ANGELO	12 NAME	ADLER, AHARON
STREET ADDRESS	60 MAYCROFT AVE #2	13 STREET ADDRESS	4700 N. State Road 7, Suite 101
CITY - ST - ZIP	WOODBRIIDGE, ONTARIO	14 CITY - ST - ZIP	Fort Lauderdale, Florida 33319
TITLE	SD	21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIZZETTI, DANIEL	22 NAME	GUIZZETTI, ANDY
STREET ADDRESS	9090 YONGE ST	23 STREET ADDRESS	4700 N. State Road 7, Suite 101
CITY - ST - ZIP	RICHMOND HILL, ONTARIO	24 CITY - ST - ZIP	Fort Lauderdale, Florida 33319
TITLE	TD	31 TITLE	VP/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUIZZETTI, ANDY	32 NAME	GOLINI, PAUL C.
STREET ADDRESS	4700 NO STATE RD 7	33 STREET ADDRESS	4700 N. State Road 7, Suite 101
CITY - ST - ZIP	FT LAUDERDALE FL	34 CITY - ST - ZIP	Fort Lauderdale, Florida 33319
TITLE		41 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	GOLINI, PAUL A.E.
STREET ADDRESS		43 STREET ADDRESS	4700 N. State Road 7, Suite 101
CITY - ST - ZIP		44 CITY - ST - ZIP	Fort Lauderdale, Florida 33319
TITLE		51 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	GUIZZETTI, ANDREW P.
STREET ADDRESS		53 STREET ADDRESS	4700 N. State Road 7, Suite 101
CITY - ST - ZIP		54 CITY - ST - ZIP	Fort Lauderdale, Florida 33319
TITLE		61 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	GUIZZETTI, DANIEL G.
STREET ADDRESS		63 STREET ADDRESS	4700 N. State Road 7, Suite 101
CITY - ST - ZIP		64 CITY - ST - ZIP	Fort Lauderdale, Florida 33319

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 110.07(3)(b), 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 in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andy Guizzetti*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Andy Guizzetti President

1/13/95 (305) 486-8325