

FILED
Jun 06 1997 8:00am
Secretary of State

DOCUMENT # P96000020849 (1)
1. Corporation Name
MIDWAY VICTORY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2 MIDWAY DRIVE BUNNELL FL 32110	P.O. BOX 35-1120 PALM COAST FL 32135-1120

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	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report N/A
4. FEE Number 59-3435894	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
8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DEVITO, PASQUALE G 14 LAKE FOREST CT. PALM COAST FL 32137	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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 PASQUALE G. DEVITO 4/30/97
Signature typed or printed name of registered agent and title if applicable (Not a registered Agent's signature required when reinstating) DATE

12.		OFFICERS AND DIRECTORS	13.	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME		1.2 NAME		
STREET ADDRESS		1.3 STREET ADDRESS		
CITY - ST - ZIP		1.4 CITY - ST - ZIP		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2.4 CITY - ST - ZIP		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		
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		
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		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PRES & TREAS KATHLEEN P. MC GANN 14 LAKE FOREST CT PALM COAST FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VICE PRES & SECY PASQUALE G. DEVITO 14 LAKE FOREST CT PALM COAST FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Priscilla G. Davis* *Priscilla G. Davis* 904 6137-2403

CR2E034 (9/96)