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

PROFIT CORPORATION ANNUAL REPORT



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

1996

(1)

	A			
н	വ	I MWAY	PROPERTIES.	INC

Principal Place of Business

**DOCUMENT #** 1. Corporation Name

Mailing Address



1616 LAKE SHORE DRIVE ORLANDO FL 32803		1616 LAKE SHORE DRIVE ORLANDO FL 32803						
						3. Date Incorporated or Qualified 3a 03/12/1970	Date of Last F	
2. Principal Plac	e of Business	2a. Mailing Address		7		4. FE! Number		Applied For
Sute Ant #		26				<b>59-1292672</b> Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State			····	6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip 24	Country 25	Zip 29	Coun 30	itry		8. This corporation has liability for intang Florida Statutes	•	199.032,
	9. Name and Address of Current R	egistered Agent				10. Name and Address of New Regist	ered Agent	
			]	B1	Name			
	/AY, RUFUS M. (JR)		ļ.	62	Street Ad	idress (P.O. Box Number is Not Acceptable)		
	OLUMBIA ST.			83				
UHLAND	O FL 32806			63				
			Ī	B4	City		FL 85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.0502 an	d 607.1508, Florida Statutes	s, the abov	e na	amed corp	poration submits this statement for the purpose	of changing its	registered office
or registered	d agent, or both, in the State of Florida. , and accept the obligations of, Section	Such change was authorized	d by the co	orpo	ration's bo	pard of directors. I hereby accept the appointment	ent as registered	d agent. I am
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	per resper rional Grandras.						
s	gredure, typica or printed daths of registered agent and	<del></del>		Agent:	signature requ		DATE	
12.	OFFICERS AND D	IRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS		
THE NAME	HOLLOWAY, RUFUS M. (JR)	□1 ottete	1 1 111				Change	☐ Addition
STREET ADDRESS	99 W. COLUMBIA ST.		1.2 NAM		inoni ee			
City-St ZiP	ORLANDO FL		1.4 C(T)		ADDRESS			
THE	SD	DELETE	2. 1 TIT		-21		Change	Addition
NAME	HOLLOWAY, BETTY M	_	2 2 NAM	ME.			·	
STREET ADDRESS	1616 LAKE SHORE DR.		2 3 STR	EET A	ADDRESS			
City \$1-200	ORLANDO FL		2.4 CiT	Y-\$T	- ZIP			
THUE		☐ DELETE	3 1 TIT	LE	1		☐ Change	□ Addition
NAME			3.2 NAA	ME				
STREET ADDRESS					ADDRESS			
CHY-SE ZIF		☐ DELETE	3.4 C)T		- ZIP			The same
NAME		L. VLLETE	4. 1 TiT 4.2 NAN				☐ Change	☐ Addition
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP			4.4 CiT1		1			
TILLE		DELETE	5 1 11				Change	☐ Addition
NAME			5.2 NAA	ME				—
STREET ADDRESS			5 3 STR	EET A	ADDRESS			
CHY S1-ZIF			5.4 CIT	Y-S1	- ZIP			
TIFLE		☐ DELETE	6. 1 TH	LE			Change	Addition
NAME			6 2 NAA	ME				
STREET ADDRESS			6.3 STR	EET A	ADDRESS			
City-St-ZiP	certify that the information supplied with	this filling is valuntarily funda	6 4 CIT			y for the exemption stated in Section 119.07(3)(	W Elorida Ctat	doo 16 who
certify that the	he information indicated on this annual i	report or supplemental annua	al report is	true	and accu	y for the exemption stated in Section 119.07(5), urate and that my signature shall have the same this report as required by Chapter 607, Florida	legal effect as	if made under

SIGNATURE: