


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 399043 1. Corporation Name ALWAY CORP.			
Principal Place of Business 5401 N.W. 102 AVE SUNRISE FL 33351		Mailing Address 5401 N.W. 102 AVE SUNRISE FL 33351	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 5401 N.W. 102 AVE	26 5401 N.W. 102 AVE	4-11-72	4-26-96
22 Suite, Apt. #, etc. SUITE 112	27 Suite, Apt. #, etc. SUITE 112	4. FEI Number 59-1390576	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 City & State SUNRISE FL	28 City & State SUNRISE FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33351	25 Country USA	29 Zip 33351	30 Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALBERT D. POIRIER 9102 N.W. 67 COURT TAMARAC FL 33321		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 if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	POIRIER ALBERT D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9102 NW 67 COURT	1.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE V	RUCKER HARRIET <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9102 NW 67 COURT	2.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE S	POIRIER KAY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9102 N.W. 67 COURT	3.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE T	POIRIER KAY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9102 N.W. 67 COURT	4.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	RUCKER HARRIET <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9102 NW 67 COURT	5.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	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 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: Albert D. Poirier **ALBERT D. POIRIER** **4-7-97 (954) 748-9824**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)