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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

567915

(4)

 Corporation 	Name OO7 OTO		('/						
KAWAY	INC.							15	
IGANTI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						T SOOTER BESTE OLEN TORKE CHEEK INDE RICH BIS DEUTS HE		r madar amer
Principal Place of Business Mailing Address								.	
18660 LOCHPOINT COURT 18660 LOCHPOINT COI			CHBOINT COLL	ετ					
JUPITER FL 3		JUPITER FL 33458							
•••••							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified		
							04/06/1978		
2. Principal Pi	ace of Business		ig Address				4. FEI Number		oplied For
21		26	Ant # ata				59-1832102		ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5. Certificate of Status Desired	фо.70 / Fee Re	Additional
22 City & State		27 City 8	State				a State Occasion Francisco		
City & State	;	— ·	COLLE				6. Election Campaign Financing Trust Fund Contribution	Added 1	May Be
Zip	Country	28		Count	īv		8. This corporation owes or has paid the c		
	25 29 30			or the superanor that the training and		No			
24	g. Name and Address of Current		Agent	1001			10. Name and Address of New Registered		
B4A			3	8	1 !	Name			
	IDA, KENNETH A			8	_			 	
	60 LOCHPOINT COURT					Street Addres	ss (P.O. Box Number is Not Acceptable)		
JUF	PITER FL 33458			8	3				
				L					
				8	4 (City	F	85 Zip (Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu)/O-F	named corno			s registered
office or re	egistered agent, or both, in the State	of Florida, Suc	ch change was	authorized	by th	he corporatio	n's board of directors. I hereby accept the ap	pointment as	registered
agent, I ar	m familiar with, and accept the obliga	tions of, Section	on 607.0505, Fl	orida Statut	es.				
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applica	able (NO	'S Registered A	Laent :	signature required	when reinstating) DATE		
12.	OFFICERS AND			13.		-	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 1171.6	:			Change	☐ Addition
NAME	MAIDA, CHARLES W	CHARLES W 121		1 2 NAM	E				
STREET ADDRESS			1,3 STRE	ET AD	ODRESS				
CITY-ST-ZIP			1.4 CITY					+	
TITLE	D			2.1 1111		<u></u>		Change	Addition
NAME	MAIDA, RODNEY K			2.2 NAM					
STREET ADDRESS	14275 SW 101 ST.			2.3 STRE		ndress		1 '	
	7.1T1 I 2.1 11 11 11		2, 4 CITY						
CITY-ST-ZIP			3.1 TITLE		2,11		Change	Addition	
NAME	maida, kenneth a			3.2 NAM				_ •	
STREET ADDRESS	18660 LOCHPOINT CT			3.3 STRE		ODRESS			
	JUPITER FL			3.4. CITY					
CITY - ST - ZIP	D		DELETE	4.1 TITLE		21		Change	Addition
NAME	PERRIN,PENELOPE M			4, 2 NAM					
	11046 SW 137 PL.			4.3 STRE		INRESS		•	
STREET ADDRESS	MIAMI FL			4.4 CITY		ľ			
CITY-ST-ZIP TITLE	MIMINIFL		DELETE	5.1 TITLE		LIF		Change	Addition
- 1				5.2 NAM				_ •	
NAME .				5.3 STRE		nneree			
STREET ADDRESS						į			
CITY-ST-ZIP			DELETE	5.4 City 6.1 Title		LIF		Change	Addition
TITLE			USLLIL	6.2 NAM					
NAME				0,4 NAM	-	i			I

14. I 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 attackment with an address.

SIGNATURE:

STREET ADDRESS

ently Naid REQUIRED

1/5/98 (561) 6946279

FILED

Jan 15 1998 8:00am

Secretary of State

CR2E034 (10/97)