FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **613104** **(9)**

1. Corporation Name
MY WAY, INC.

Principal Place of Business	Mailing Address
% BRUCE A. KOEBE 2477 N.E. DIXIE HWY. JENSEN BEACH FL 34957-5959	% BRUCE A. KOEBE 2477 N.E. DIXIE HWY. JENSEN BEACH FL 34957-5959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1979
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2926 SW MAPP RD	26 2926 SW MAPP RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM CITY FL	28 City & State: PALM CITY FL
24 Zip: 34990 25 Country: USA	29 Zip: 34990 30 Country: USA

4. FEI Number: 59-2313831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOEBE, BRUCE A. 2477 NE DIXIE HWY JENSEN BEACH FL 34957	81 Name: MAREK, NANCY 82 Street Address (P.O. Box Number is Not Acceptable): 1 FIELDWAY DRIVE 83 84 City: STUART FL 85 Zip Code: 34996

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: NANCY MAREK, PRESIDENT — Nancy Marek — 4/25/95
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	11 TITLE	☐ Change ☐ Addition
NAME	MAREK, NANCY	12 NAME	
STREET ADDRESS	1 FIELDWAY DRIVE	13 STREET ADDRESS	
CITY ST ZIP	STUART FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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: Nancy Marek NANCY MAREK 4/25/95 4/07-287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 4230

0378021 CP