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

**PROFIT** CORPORATION ANNUAL REPORT

1997

RITEWAY, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 618534

(2)

**FILED** Apr 24 1997 8:00am Secretary of State



Principal Place of Business 3805 ALTON ROAD MIANI FL 33140-3852	Mailing Address 3905 ALTON ROAD MIAMI FL 33140-3852 US	305 ALTON ROAD IAMI FL 33140-3852						
US	03				Date Incorporated or Qualified 04/24/1979		of Last R	eporl
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2a, Mailing Address				4. FEI Number 59-1969289		Ap	plied For t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			· <del>· · · · · · · · · · · · · · · · · · ·</del>	5. Certificate of Status Desired		\$8.75	
City & State	City & State	·····					Fee Re	
23	28				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip Country	Zφ	Z <sub>(</sub> p Country			8. This corporation has liability for		x under s.	
24 25	29	30				Yes 🗆		
g. Name and Address of Current	Registered Agent		61	Name	10. Name and Address of New Re	egistered Ag	jent	
MILLER, CAROLYN ROSEN		į	$\perp$	Name				
23 INDIAN CREEK ISLAND MIAMI BCH FL 33154			82	Street Addres	ss (P.O. Box Number is Not Acceptal	ble)		
INDUM SOLITE SOLOT		ļ	83			•	<del></del>	
		ŀ	84	City		<b>5</b> 1	<b>85</b> Zip (	Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statu	tes the ah	VOVA-1	named corpo	ration submits this statement for the	FL ouroose of o	hanging it	s registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida Such change was	authorized	l by t	he corporatio	n's board of directors. I hereby acce	pt the appoi	ntment as	registered
SIGNATURE	1 10000. 100 11011000 110	oncia otati	J(00.					
Signature, typed or printed name of registered agent		E: Registered	Agent	signature required	when reinstating)	DATE		
12. OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI			
NAME MILLER, CAROLYN R.	DELETÉ	3.1 TiT				L	Change	Addition
STREET ADDRESS 23 INDIAN CRK ISLAND		1.2 NA		DDRESS				
CITY-ST-ZIP MIAMI BEACH FL			Y-ST-					
TIME V	DELETE 23			211			Change	Addition
1 · · · · · · · · · · · · · · · · · · ·			2.2 NAME			_	_ •	
STREET ADDRESS 23 INDIAN CRK ISLAND			2.3 STREET ADDRESS					
CHY-ST-ZIP MIAMI BCH. FL		2. 4 CI	TY-ST	- ZIP				
TITLE	☐ DELETE	3.1 111	LE				Change	Addition
NAME		3.2 NA						
STHEET ADDRESS				DDRESS				
CiTY-SI-ZIP	DELETE	3.4. CI 4.1 Tit	TY-5T-	- ZIP		r	Change	Addition
TITLE NAME	Doctor	4.1 N			•	L		M Addition
STREET ADDRESS				DDRESS				
CITY-ST-ZIP			Y-ST-					
TILE	DELETE	5.1 TIT		<u> </u>			Change	☐ Addition
NAME		5.2 NA	ME	j				
STREET ADDRESS		5.3 ST	REET AI	DORESS				
CITY-S1-ZIP		5.4 CII	Y-\$T-	ZIP				
TITUE	☐ DELETE	6 1 TIT	LE				Change	Addition
NAME		62 NA	ME					
STREET ADDRESS		6351	REET A	DDRESS				!
CHY-ST-7IP	in this files days at a selection		Y-ST-		n Contino 110 07/0\/i\ Florida Statut			

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 12 or Block 13 if changed, or on appatiachment with an address.

SIGNATURE:

305-865-3500