

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # 640619 (3)

1. Corporation Name

HEADWAY MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

4620 N STATE ROAD 7
SUITE 120
FT. LAUDERDALE FL 33319-4009

4620 N STATE ROAD 7
SUITE 120
FT. LAUDERDALE FL 33319-4009



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/27/1979	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	93-0754910	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESIENSMITH P.A., JEFFREY R
ONE FINANCIAL PLAZA
SUITE 1610
FT LAUDERDALE FL 33394

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	V
NAME	BURRIS, DAVID F.	1.2 NAME	OBERLEY, JERRY
STREET ADDRESS	4620 N STATE RD 7 #120	1.3 STREET ADDRESS	4620 N. STATE RD 7, #120
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL.
TITLE	TD	2.1 TITLE	P/D
NAME	NORRIS, ALAN	2.2 NAME	NORRIS, ALAN
STREET ADDRESS	4620 N STATE RD 7 #120	2.3 STREET ADDRESS	4620 N. STATE RD 7, #120
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD	3.1 TITLE	
NAME	FLATT, BRUCE	3.2 NAME	
STREET ADDRESS	4620 N STATE RD 7 #120	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	
NAME	BALL, JOSEPH M.	4.2 NAME	
STREET ADDRESS	4620 N STATE RD 7 #120	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	HODGSON, BRIAN
STREET ADDRESS		5.3 STREET ADDRESS	4620 N STATE RD 7, #120
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE		6.1 TITLE	T
NAME		6.2 NAME	GROENENBOOM, HERB
STREET ADDRESS		6.3 STREET ADDRESS	4620 N. STATE RD 7, #120
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date

741-639-8721

Daytime Phone #

CR2E034 (12/95)