

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90039 046 ***150.00

0445719

DOCUMENT # 640619

1. Corporation Name
HEADWAY MANAGEMENT COMPANY

Principal Place of Business
1200 W RETTA ESPLANADE
#58
PUNTA GORDA FL 33950
US

Mailing Address
1200 W RETTA ESPLANDE
#58
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1979

4. FEI Number

93-0754910

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BURRIS, DAVID | |
| STREET ADDRESS | 1200 W RETTA ESPLANADE #58 | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | NORRIS, ALAN | |
| STREET ADDRESS | 1200 W RETTA ESPLANADE #58 | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | WILHITE, BARRY A | |
| STREET ADDRESS | 1200 W RETTA ESPLANADE #58 | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | HODGSON, BRIAN | |
| STREET ADDRESS | 1200 W RETTA ESPLANADE #58 | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | GROENENBOOM, HERB | |
| STREET ADDRESS | 1200 W RETTA ESPLANADE #58 | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 20803 Biscayne Blvd, Suite 103 |
| 1.4 CITY-ST-ZIP | Aventura, Florida 33180 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 attachment with an address, with all other like empowered.

SIGNATURE: *David Burris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(305) 935-0255

Daytime Phone #

CR2E034 (11/98)