FILE	NOW:	FILING	FEE IS	\$61.25
------	------	---------------	--------	---------

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996



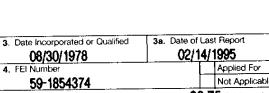
DOCUMENT # 744098 (5)

HIS WAY, INC.

Mailing Address

2084 ONETA COURT ORLANDO FL 32818

2084 ONETA COURT ORLANDO FL 32818



26	EO 10E4974		
	59-1854374	Not Applicable	
Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	This corporation has liability for intangible tax Florida Statutes	under s. 199.032, No	
	27 City & State 28 Zip Country	27 City & State City & State City & State City & State Country Country S. Certificate of Status Desired Financing Trust Fund Contribution Trust Fund Contribution S. This corporation has liability for intangible tax	

9. Name and Address of Current Registered Agent

BROWN, B.G. 2084 ONETA COURT **ORLANDO, FL. 32818**

	10. Name and Address of Her	A Modistered W	Soile	
81	Name			
82	Street Address (P.O. Box Number is Not Accept	otable)		···
83				•
84	City		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE			
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable	NOTE: Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	0	TE 1.1 TITLE	Change Addition
NAME	BALL, LARRY	1.2 NAME	B. G. BROWN CT
STREET ADDRESS	4910 LOUVRE AVE	1.3 STREET ADDRESS	ORLANDO FL 32818
CITY-ST-ZIP	ORI ANDO, FL 00000		Change Addition
TITLÉ	TD DELE	TE 21 TITLE	VPD Change Landerton
NAME	SHIREY, LINDA D	2.2 NAME	CLARA N. SHIREY
STREET ADDRESS	2093 ONETA COURT	2 3 STREET ADDRESS	ORLANDO FL 328/8
CITY-ST-ZIP	ORI ANDO FL	2. 4 CITY - ST - ZIP	ORLANDO FL 328/8
TITLE	D	TE 31 TITLE	Correspond G. ME David Ed.
NAME	TAYLOR, CLAY	32 NAME	PATRICIA G. ME DONNELL 1707 BUNKER HILL CT ORLANDO FL 32807 Change Addition
STREET ADDRESS	2008 PAULA MICHELE COURT	3.3 STREET ADDRESS	081 ANDO FL 32807
CITY - ST - ZIP	OCOFF FI	3.4 CITY-ST-ZIP	Change Addition
TITLE	D DELE	TE 4.1 TITLE	
NAME	BROWN, DIANE M	4, 2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP	ORI ANDO, FL 00000	4.4 CITY - ST-ZIP	Change Addition
TITLE	SD	5.1 TITLE	Change Addition
NAME	CALLAGHAN, LEORA A	5.2 NAME	
STREET ADDRESS	1	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5 4 CITY-ST-ZIP	
TITLE	DELE	ETE 61 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
		C 4 0/71/ CT 7/0	

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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 BRIDGE NAME SCALARISES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR