


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744098** (5)
1. Corporation Name
HIS WAY, INC.

Principal Place of Business
**2084 ONETA COURT
ORLANDO FL 32818**

Mailing Address
**2084 ONETA COURT
ORLANDO FL 32818-5323**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1978	3a. Date of Last Report 04/17/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 69-1854374	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROWN, B.G. 2084 ONETA COURT ORLANDO, FL 32818		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 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, 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	D/V
NAME	BROWN, B G	1.2 NAME	BRUCE RINER
STREET ADDRESS	2084 ONETA CT	1.3 STREET ADDRESS	919 GRAN PASEO DR
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE	TD	2.1 TITLE	D/S
NAME	SHIREY, LINDA D	2.2 NAME	PATRICIA G. McDONNELL
STREET ADDRESS	2093 ONETA COURT	2.3 STREET ADDRESS	1707 BUNKER HILL CT
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	VPD	3.1 TITLE	
NAME	SHIRLEY, CLARA N	3.2 NAME	
STREET ADDRESS	2093 ONETA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BROWN, DIANE M	4.2 NAME	
STREET ADDRESS	2084 ONETA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	D/T
NAME	CALLAGHAN, LEORA A	5.2 NAME	
STREET ADDRESS	126 SPANISH MOSS CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane M. Brown* REODIANED M. BROWN 4/16/97 407/299-4817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017396

CR2E037 (9/96)