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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUI	MENT # F1803	35 (8)			
, , , , ,	WAY INDUSTRIAL PARK,	INC.			
Principal Place	of Business	Mailing Address		I TROMES HAN HAN SAME SAME INDI	orni aları oları gibir öferi ələk örəli ilər
		862 EAST ST. Lake Park FL 33403			
				3. Date incorporated or Qualified 02/02/1981	3a. Date of Last Report 04/19/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2076232	Not Applicable
Suite, Apt. :		Suite, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for it Florida Statutes Yes	ntangible tax under s 199.032,
	9. Name and Address of Curre		1001	10. Name and Address of New R	
		······································	B1 Name		
	,robert L.		82 Street Add	ress (P.O. Box Number is Not Acceptable	(a)
862 E. STREET					
	T STREET		83		
LAKE PA	NRK FL 33403		84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corpo	pration submits this statement for the pure	onse of changing its registered office.
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authorize tion 607.0505. Florida Statutes.	d by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appoint	intment as registered agent. I am
SIGNATURE	The second secon	men de riodes, rionad eletates,			
	Signature, typed or printed name of registered agen		E: Registered Agent signature requir	ed when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME (Greene, Robert L	DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	827 COUNTRY CLUB DRIVE		1.2 NAME		
CITY-ST-ZIP	N. PALM BEACH FL		1.3 STREET ADDRESS		
TITLE	V	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	GREENE, MARTIN D		2 2 NAME		
STREET ADDRESS	17750 ALEXANDER RUN		2 3 STREET ADDRESS		i
CITY-ST-ZIP	JUPITER FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		_
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		D Character D Address
NAME			5. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THE		☐ DELETE	6 1 TITLE		Change Addition
NAME		<u></u>	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 is voluntarily furnis	hed and does not qualify t	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

certify that the information indicated on this annual report of 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 concoration or the receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged to open affecting the property of the concoration of the con

SIGNATURE: __

CR2E034 (12/95)