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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

F95000003523 (6)

GREENWAYS INCORPORATED OF NORTH CAROLINA Principal Place of Business Mailing Address 121 EDINBURGH DR., S. #210 CARY NC 27511 CARY NC 27511-8490					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				07/21/1005	05/01/1996
	lace of Business	2a. Mailing Address		4. FET Number 5	Applied Fo
Suite, Apt	di estes	Suite, Apt. #, etc.		56-1576782	Not Applica
50RB, Apt.	#, etc	27) Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona
City & Star	10	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28	·	Trust Fund Contribution	Added to Fees
7 _p	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30		Yes 📝 No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	agiatered Agent
18	NDIS, BRUCE 115 US HWY 41 N., #600 ITZ FL 33549		82 Street Add 83 84 City	iress (P.O. Box Number is Not Accepta	FL 85 Zip Code
SIGNATURE.	Signature, typed or printed numbral registered age	ont and title if applicable (NO	TE Registored Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	PDC	☐ DELETE	1.1 TITLE		Change Add
NAME	FLINK, CHARLES A II		1.2 NAME		
STREET ADDRESS	419 SPRING GARDEN DR.		1.3 STREET ADDRESS	•	
DITY-SI-7#	DURHAM NC 27713	DELETE	1.4 City-St-ZiP		Change Add
ITLE	1 ×	M DECEIG	2.1 TITLE 2.2 NAME	•	CLOSSES TO YOU
NAME STREET ADDRESS	TOOLE, JENNIFER		2.3 STREET ADDRESS		
DITY-ST-ZiP	419 SPRING GARDEN DR.		2. 4 CITY-SY-ZIP		
RITLE	DURHAM NC 27713	DELETE	3.1 TITLE		☐ Change ☐ Add
NAME	STD FLINK, MARJORIE		3.2 NAME		
STREET ADDRESS	419 SPRING GARDEN DR.		3 3 STREET ADDRESS		
C/7Y - ST - 7'F'	DURHAM NC 27713		3.4. CITY - ST - ZIP		
TITLE	D	☐ DELETE	4.1 THTLE		Change Add
NAME	TANT, BEVERLY		4. 2 NAME		
STHEET ADORESS	4208 WINDSOR PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27609	☐ DELETE	4.4 CiTY-ST-7iP		Change Add
TITLE		[] vereit	5.1 TITLE		ÉT CHANGE ET AGO
NAME REGER ARESES OF			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7-P		DELETE	5.4 City-St-Zip 6.1 Title		Change Add
TIFLE NAME		- Drivie	6.2 NAME		E Ollange E Mil
	}		6.3 STREET ADDRESS		
STREET ADORESS	l		U.S SINEE I AUUNESS		

14. Loo 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 12 or Block 13 if changed, or on the synchment with an address.

SIGNATURE:

MICHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

April 21,1997

FILED

May 02 1997 8:00am

Secretary of State

1919)380-0127