FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:47

DOCUMENT # K69914 (5)

1. Corporation Name
ESCAPEWAY, INC.

Principal Place of Business	Mailing Address
% MICHAEL J. STYLES, ESQ. 2455 E. SUNRISE BLVD., SUITE 600 FT. LAUDERDALE FL 33304	% MICHAEL J. STYLES, ESQ. 2455 E. SUNRISE BLVD., SUITE 600 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1989	3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0123844	☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 c/o Michael J. Styles	26 c/o Michaael J. Styles
Suite, Apt #, etc 22 629 S.E. 5th Avenue	Suite, Apt #, etc 27 629 S.E. 5th Avenue
City & State 23 Ft. Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33301 Country 25 USA	Zip 29 33301 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STYLES, MICHAEL J., ESQ. 2455 E. SUNRISE BLVD. SUITE 600 FT. LAUDERDALE FL 33304	81 Name Michael J. Styles, Esquire 82 ~~Michael J. Styles, P.A.~~ 83 ~~629 Southeast 5th Avenue~~ 84 City Fort Lauderdale FL 85 33301

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: Michael J. Styles 6/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, HAROLD A.	1 NAME	
STREET ADDRESS	5981 WASHINGTON ST. #212	1 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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)(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.

SIGNATURE: Harold A. Scott 6-28-95 9878592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold A. Scott

0011096 CP