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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22195

(6)

Mailing Address

NO OTHER WAY, INCORPORATED

FILED May 02 1997 8:00am Secretary of State



% DAVID PAUL MONTGOMERY ESO 2103 MANATEE AVE W BRADENTON FL 34205		2103 MANATEE AVE W	% DAVID PAUL MONTGOMERY ESO 2103 MANATEE AVE W BRADENTON FL 34205-5427		3. Date Incorporated or Qualified 10/12/1989	3a. Date of Last 04/08/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		<u> </u>	26		65-0162253		Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27	27		5. Certificate of Status Desired	Fee	Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country Zip		Coun	ountry 8. This corporation has liability		for intangible tax under s. 199.032,	
24	25	29 30			Florida Statutes		
•	9. Name and Address of Ci	urrent Registered Agent			10. Name and Address of New Re	gistered Agent	
MO	NTGOMERY, DAVID PAUL ES	SQ .	٤	Name			
2103 MANATEE AVE W				82 Street Address (P.O. Box Number is Not Acceptable)			
	ADENTON FL 34205				()		
			E	3			
			5	4 City		—. 85 Zi	p Code
11. Pursuar office or agent. I	nt to the provisions of Soctions 60 r registered agent, or both, in the am familiar with, and accept the	7.0502 and 607.1508, Florida Statu State of Florida Such change was obligations of, Section 607.0505, F	ites, the abo authorized Iorida Statu	ove-named cor by the corpora tes.	rporation submits this statement for the patients beard of directors. I hereby acceptions	ourpose of changing of the appointment) its registered as registered
SIGNATURE	Signature, typed or printed name of register	and parent and title of any disabile (NC)	11 : Bagislarad	Ament signal re too	uired when reinstating)	DATE	
12.		S AND DIRECTORS	18.	agent signate e requ	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLÉ	PTD	DELETE	1.A TITL	F,		☐ Chang	
NAME	ASBURY, JEFFERSON C.	JR	1.P NAN	se l			
STREET ADDRESS	444 -444	•••		EET ADDRESS			
	HOLMES BEACH FL			-ST-ZIP			
CITY-ST-ZIP TITLE	VS	DELETE 21				Chang	e Addition
NAME	ASBURY, EVE			16			
STREET ADDRESS	1 444 444			EFT ADDRESS			
*	HOLMES BEACH FL						
CITY-ST-ZIP TITLE	DELETE		3.1 TITL	Y-ST-ZIP		Chang	e Addition
NAME			3.2 NAN	1			_
	<u> </u>			EET ADORESS			
STREET ADDRESS	"		1				
CITY-ST-ZIP TITLE	DELETE		4.1 TITL	Y-ST-ZIP F		Chanc	e Addition
NAME		La Decerte	4. 2 NA				
				ee'i address			
STREET ADDRES	٥						
CITY-ST-ZIP	 	DELETE		(-ST-ZIP		Chanc	je 🔲 Addition
TITLE		L. Driete	5,1 TITE	1			
NAME			5.2 NAM	i			
STREET ADORES	5			EET ADDRESS			
CITY-ST-ZIP		DELETE		(-\$1-ZIP		Chang	ge Addition
TITLE		□ vattit	6 1 TITE				io Til Magnifoli
NAME			6,2 NAM	1			
STREET ADDRES	s į			EE1 ADDRESS			
CITY-ST-ZIP			6,4 CIT	Y - \$1 - 21P			

14. I do hereby certify that the information supplied with this filling 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 supplicated 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 of 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 changes or on an attroment with an address.

66 MIN OFT 270-3716