


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L97520** (5)
1. Corporation Name
RITWAY ENGINEERING, INC.

Principal Place of Business 708 SANTA MARIA DR P. O. BOX 937 WINTER HAVEN FL 33884 US	Mailing Address P O BOX 937 P. O. BOX 937 WINTER HAVEN FL 33882 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 150 OCEAN RIDGE DRIVE	2a. Mailing Address 26 P.O. BOX 511207	3. Date Incorporated or Qualified 09/04/1990	3a. Date of Last Report 04/29/1996
Suite, Apt. #, etc. 22 -	Suite, Apt. #, etc. 27 -	4. FEI Number 59-3024942	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23 MELBOURNE BEACH, FL.	City & State 28 MELBOURNE BEACH, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 32951.	Country 25 USA.	Zip 29 32951-1207.	Country 30 USA.

9. Name and Address of Current Registered Agent

**KIRBY, JOSEPH
708 SANTA MARIA DR.
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

81 Name JOSEPH KIRBY
82 Street Address (P.O. Box Number is Not Acceptable) 150 OCEAN RIDGE DRIVE
83
84 City MELBOURNE BEACH, FL
85 Zip Code 32951.

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRBY, JOSEPH		1.2 NAME KIRBY, JOSEPH	
STREET ADDRESS 708 SANTA MARIA DR.		1.3 STREET ADDRESS 150 OCEAN RIDGE DRIVE	
CITY-ST-ZIP WINTER HAVEN FL		1.4 CITY-ST-ZIP MELBOURNE BEACH, FL. 32951.	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRBY, WENDY		2.2 NAME KIRBY, WENDY	
STREET ADDRESS 708 SANTA MARIA DR.		2.3 STREET ADDRESS 150 OCEAN RIDGE DRIVE	
CITY-ST-ZIP WINTER HAVEN FL		2.4 CITY-ST-ZIP MELBOURNE BEACH, FL. 32951.	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE: _____

7/14/97. (407)-727-8421.

CR2E034 (4/97)