

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 FEB 15 PM 3:20

DOCUMENT # **N44909** (2)

1. Corporation Name
THE WAY HOME, INC.

Principal Place of Business Mailing Address
THE WAY HOME INC **8900 SW 168 ST**
8900 SW 168 ST **MIAMI FL 33157**
MIAMI FL 33157 **US**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1991	3a. Date of Last Report 02/21/1994
4. FEI Number 65-0279384	Applied For Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

COOK, LARRY L.
8525 SW 92ND STREET
SUITE B4
MIAMI FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	REAVES, JOHNNIE
STREET ADDRESS	9299 SW 167 TER
CITY - ST - ZIP	MIAMI FL
TITLE	VC
NAME	KOCH, CHARLIE
STREET ADDRESS	9831 SW 190 ST
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	WALKER, RENE'
STREET ADDRESS	7990 SW 139 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HEGWOOD, JANE
STREET ADDRESS	7749 SW 88TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	HANCOCK, JAY
STREET ADDRESS	18033 SW 93 AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BAGGETT, BILL
STREET ADDRESS	28204 SW 159TH PL
CITY - ST - ZIP	HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director (D)
6.3 STREET ADDRESS	Tunks, Donna
6.4 CITY - ST - ZIP	18710 SW 99 Rd. MIAMI FL 33157

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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Jay R Hancock*
BIG BOLD AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 Date 305 238 1818 (Typed Phone #)