

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44909 (2)
1. Corporation Name
THE WAY HOME, INC.



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

Mailing Address
**8900 SW 168 ST
MIAMI FL 33157
US**

3. Date Incorporated or Qualified
08/29/1991

3a. Date of Last Report
02/15/1995

4. FEI Number
65-0279384

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	300001746613 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVES, JOHNNIE	1.2 NAME	-03/18/96--01040--024
STREET ADDRESS	9299 SW 167 TER	1.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, CHARLIE	2.2 NAME	KOCH, CHARLIE
STREET ADDRESS	9831 SW 190 ST	2.3 STREET ADDRESS	9831 SW 190 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RENE'	3.2 NAME	Davis, Karen
STREET ADDRESS	7990 SW 139 TERRACE	3.3 STREET ADDRESS	17840 SW 68CT
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33157
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGWOOD, JANE	4.2 NAME	Antoni, Gail
STREET ADDRESS	7749 SW 88TH ST	4.3 STREET ADDRESS	7535 SW 166 Terr.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, JAY	5.2 NAME	
STREET ADDRESS	18033 SW 93 AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNKS, DONNA	6.2 NAME	VC TUNKS, DONNA
STREET ADDRESS	18710 SW 99 ROAD	6.3 STREET ADDRESS	18710 SW 99 RD
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL

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)(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 an attachment with an address.

SIGNATURE: Sandra B. Mortham TREASURER 2-7-96 305 238-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)