

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

7-16-98
FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000002661 (4)
 1. Corporation Name
NEW WAY COVENANT ENTERPRISES, INC.

Principal Place of Business 2601 N.W. 13TH STREET POMPANO BEACH FL 33069	Mailing Address 2601 N.W. 13TH STREET POMPANO BEACH FL 33069
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3. Date Incorporated or Qualified 05/13/1996		
4. FEI Number 65-0762628	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**FOLEY, FRANCIS M ESQ.
 3050 NORTH FEDERAL HIGHWAY, SUITE 200
 LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, DANIEL		1.2 NAME
STREET ADDRESS 2601 N.W. 13TH STREET		1.3 STREET ADDRESS
CITY-ST-ZIP POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, AYANNA		2.2 NAME
STREET ADDRESS 2601 N.W. 13TH STREET		2.3 STREET ADDRESS
CITY-ST-ZIP POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, LAJUANE		3.2 NAME
STREET ADDRESS 558 KATHY COURT		3.3 STREET ADDRESS
CITY-ST-ZIP MARGATE FL 33068		3.4 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTAQUE, JOHN		4.2 NAME
STREET ADDRESS 1506 N.W. 9TH STREET		4.3 STREET ADDRESS
CITY-ST-ZIP POMPANO BEACH FL 33069		4.4 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THURSTON, ALFRED		5.2 NAME
STREET ADDRESS 700 NW 18 ST		5.3 STREET ADDRESS
CITY-ST-ZIP POMPANO FL		5.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATKINS, J.C.		6.2 NAME
STREET ADDRESS 370 N.W. 14TH STREET		6.3 STREET ADDRESS
CITY-ST-ZIP POMPANO BEACH FL 33069		6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel Miller* **6-30-98 954 971 6567**

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CR2E037 (5/98)