

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

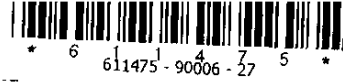
FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 027 ****61.25

DOCUMENT # N96000002661

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

65-0762628

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

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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DANIEL	
STREET ADDRESS	2601 N.W. 13TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, AYANNA	
STREET ADDRESS	2601 N.W. 13TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LAJUANE	
STREET ADDRESS	558 KATHY COURT	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTAQUE, JOHN	
STREET ADDRESS	1506 N.W. 9TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THURSTON, ALFRED	
STREET ADDRESS	700 NW 18 ST	
CITY-ST-ZIP	POMPANO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Hunter, Paulette (D) 501 NW 24 Ave
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Buise, Sandra (M)
2.3 STREET ADDRESS	2410 NW 6 St
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Johnson, Ryan (D)
3.3 STREET ADDRESS	180 NW 25 Ave
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/99 (954) 971-6567

Date

Daytime Phone #

CR2E037 (5/99)