


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P92000011908 (0)</b> 1. Corporation Name <b>FLORIDA 2-WAY SERVICE, INC.</b>			
Principal Place of Business <b>5793 ORANGE DRIVE DAVIE FL 33314</b>		Mailing Address <b>5793 ORANGE DRIVE DAVIE FL 33314</b>	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2700 DAVIE RD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2700 DAVIE RD</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/14/1992</b>	
22		27		4. FEI Number <b>65-0387624</b> Applied For Not Applicable	
23 City & State <b>DAVIE, FLORIDA</b>		28 City & State <b>DAVIE, FL.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Zip <b>33312</b>		29 Zip <b>33312</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 Country <b>USA</b>		30 Country <b>USA</b>		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	
9. Name and Address of Current Registered Agent <b>IVAN A GOMEZ, P.A. 3001 SW THIRD AVENUE SUITE 100 MIAMI FL 33129</b>				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 <b>FL</b>	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST PUDSEY, RICHARD F 5793 ORANGE DRIVE 2700 DAVIE RD DAVIE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P PEDERSEN, DAVID A 5793 ORANGE DRIVE 2700 DAVIE RD DAVIE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP RODRIGUEZ, MIGUEL 5793 ORANGE DR 2700 DAVIE RD DAVIE FL	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		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		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		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*  
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/98 (954) 581-4433*  
Date Daytime Phone # 0284967

CR2E034 (10/97)