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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P92000011908

1. Corporation Name
FLORIDA 2-WAY SERVICE, INC.



Principal Place of Business: % IVAN A. GOMEZ. ESO. 601 BRICKELL KEY DR. SUITE 507 MIAMI FL 33131 US
Mailing Address: % IVAN A. GOMEZ. ESO. 601 BRICKELL KEY DR. SUITE 507 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2700 Davie Road, Suite, Apt. #, etc. 22 Davie, Florida, Zip 33314, Country USA
2a. Mailing Address: 26 c/o Ivan A. Gomez, Suite, Apt. #, etc. 27 Suite 507, City & State: 28 Miami, Florida, Zip 33131, Country USA

3. Date Incorporated or Qualified: 12/14/1992
4. FEI Number: 65-0387624, Applied For: Not Applicable
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [X] No

9. Name and Address of Current Registered Agent: IVAN A GOMEZ, P.A. 3001 SW THIRD AVENUE SUITE 100 MIAMI FL 33129

10. Name and Address of New Registered Agent: 81 Name: Ivan A. Gomez, P.A., 82 Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Drive, 83 Suite 507, 84 City: Miami, FL, 85 Zip Code: 33131

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: IVAN A. GOMEZ, P.A. BY: [Signature] President, 1/12/99 DATE

12. OFFICERS AND DIRECTORS: ST PUDSEY, RICHARD F, 2700 DAVIE RD, DAVIE FL; P PEDERSEN, DAVID A, 2700 DAVIE RD, DAVIE FL; VP RODRIGUEZ, MIGUEL, 2700 DAVIE RD, DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP: Davie, FL 33314; 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP: Davie, FL 33314

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 607, 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] 2/14/99 DATE Daytime Phone #

CR2E034 (1/198)