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SECRETARY OF STATE
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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000058289 (8)			
1. Corporation Name PROWAY AFFILIATED ASSOCIATIONS, INC.			
Principal Place of Business 1489 W PALMETTO PARK RD SUITE 482 BOCA RATON FL 33486		Mailing Address 1489 W PALMETTO PARK RD SUITE 482 BOCA RATON FL 33486	
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 GOTTLIEB, BRUCE M 125 WORTH 48TH AVE HOLLYWOOD FL 33021			
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 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 is applicable) (NOTE: Registered Agent signature required when renouncing) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. 1 TITLE 1. 2 NAME 1. 3 STREET ADDRESS 1. 4 CITY - ST - ZIP 2. 1 TITLE 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3. 1 TITLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP 4. 1 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP 5. 1 TITLE 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY - ST - ZIP 6. 1 TITLE 6. 2 NAME 6. 3 STREET ADDRESS 6. 4 CITY - ST - ZIP			
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 110.07(3)(b), 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: Angelo Oliveri 4/17/95 407-750-4477			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			