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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070056

1. Corporation Name

AIRWAY ENTERPRISES, INC.

Principal Place of Business Mailing Address								
8015 NW 98TH ST 8015 NW 98 ST								
HIALEAH GARDENS FL 33016			HIALEAH GARDENS FL 33016			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed	OINOL	
i						10/04/1993		
2 Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number	$ \Box$	Applied For
⊢ `	ace of Business	26				65-0448583) 	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired	_Fee F	Required
City & State	e	City & State				& Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent	
.4170	NOTE AND E			81	Name			
	CHELL, ANNE V			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	I NW 180 WAY BROKE PINES FL 33029							
PEMI	DRUKE PINES PL 33029			83				
			'	84	City		85 Zij	p Code
					-	FL	- , ,	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	ites, the al	ove-i	named corpo se comoratio	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	i changing i intment as	registered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, F	orida Stati	ites.	50.po.cao	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE								_ [
	Signature, typed or printed name of registered age			Agent s	signature required	when reinstating) OATE	UD DIRECT	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS AI		
12.	OFFICERS AN		13.	LE	signature required		ND DIRECT	
12. TITLE NAME	OFFICERS AND VPD MITCHELL, GERALD	ND DIRECTORS	13.	LE ME				
12. TITLE NAME STREET ADDRESS	OFFICERS AND VPD MITCHELL, GERALD 8015 NW 98TH ST	ND DIRECTORS	13. 1.1 TD 1.2 N/ 1.3 ST	LE ME REET A	DORESS			
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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 of 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 chargest, so of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR