

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000042188 (0)**

1. Corporation Name  
**THE WAY OF THE WEST INC.**



Principal Place of Business <b>6658 THIRD AVE NORTH ST PETERSBURG FL 33710</b>	Mailing Address <b>6658 THIRD AVE NORTH ST PETERSBURG FL 33710-7802</b>
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2. Principal Place of Business <b>21 10439 ALICO PASS</b>		2a. Mailing Address <b>26 10439 ALICO PASS</b>		3. Date Incorporated or Qualified <b>06/01/1994</b>	3a. Date of Last Report <b>04/11/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 New Port Richey, FL</b>		27 City & State <b>28 New Port Richey, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>34655</b>		29 Zip <b>34655</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DAWES, MYRON M 6658 3RD AVENUE, NORTH ST. PETERSBURG FL 33710</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>10439 ALICO PASS</b>	
		83	
		84 City <b>New Port Richey</b>	
		85 Zip Code <b>FL 34655</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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWES, MYRON M</b>	1.2 NAME	<b>10439 ALICO PASS</b>
STREET ADDRESS	<b>6658 THIRD AVE NORTH</b>	1.3 STREET ADDRESS	<b>NEW PORT RICHEY, FL 34655</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	1.4 CITY-ST-ZIP	<b>FL 34655</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWES, BRENDA G</b>	2.2 NAME	<b>10439 ALICO PASS</b>
STREET ADDRESS	<b>6658 THIRD AVE NORTH</b>	2.3 STREET ADDRESS	<b>NEW PORT RICHEY, FL 34655</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	2.4 CITY-ST-ZIP	<b>FL 34655</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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.

SIGNATURE: **Myron M Dawes** **04/29/97** **813-376-7787**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)