

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 DEC 20 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P94000069050**

1. Corporation Name

ARCHWAY CAPITAL INC.

Principal Place of Business

Mailing Address

**4900 DYER BLVD
RIVIERA BCH FL 33407
US**

**4900 DYER BLVD
RIVIERA BCH FL 33407
US**

REINSTATEMENT

3. Date Incorporated or Qualified
09/20/1994

2. Principal Place of Business

2a. Mailing Address

21 6440 Garden Rd

26 6440 Garden Rd

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 Suite 6

27 Suite 6

City & State

City & State

23 Riviera Beach

28 Riviera Bch FL

Zip

Zip

24 33404

29 33404

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, PATRICK
4900 DYER BLVD
RIVIERA BCH FL 33407**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite

84 City

Darrell Peterson

6440 Garden Beach

Suite 6

Riviera Bch

FL

85 Zip Code 33404

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, to 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

10-14-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERTER, GAREY	
STREET ADDRESS	4900 DYER BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PATRICK	
STREET ADDRESS	4900 DYER BLVD	
CITY-ST-ZIP	N. PALM BCH. FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Darrell L. Peterson	
STREET ADDRESS	6440 Garden Rd, St. 2	
CITY-ST-ZIP	Riviera Bch, FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6440 Garden Rd
1.4 CITY-ST-ZIP	Riviera Bch, FL 33404
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6440 Garden Rd
2.4 CITY-ST-ZIP	Riviera Bch, FL 33404
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE REQUIRED

10-14-99

Date

Daytime Phone #