SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION 4 ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris , 🗳

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000069050 1. Corporation Name

ARCHWAY CAPITAL INC.

FILED

99 DEC 20 PM 4: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



		A A COLOR A D Dansa A		
Principal Place of Business		Mailing Address		
4900 DYER BLVD		T4900 DYER BLVD RIVIERA BCH FL-33407		
Riviera BCH-FL-33407 US -		US		HILLING ADD TOWRENDS SPACE
00			3. Date Incorporated or Qualified	
				09/20/1994
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
			Day Th	65-0522370 Not Applicable
21 (044) (OPIN 19C	\$9.75 Additional
			<u> </u>	5. Certificate of Status Desired Fee Required
22 Oute (27 State (27) State (27)			· ·	6. Election Campaign Financing \$5.00 May Be
23 Kiviera Beach 28 Kivieor I			Kch Fl	Trust Fund Contribution Added to Fees
Zin — Govern Zin — Zin —			Country	8. This corporation owes the current year
24 33 40425 Financial Property. Yes				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name				
SULLIVAN, PATRICK SULLIVAN, PATRICK LOSS (ELL.) FOR SELL.				
4900 DYER BLVD				ddress (P.O. Box Namber is Net Acceptable)
RIVIERA BCH FL 33407				1 CO COLORENCE DECOUL
Scrite 6				
			84 City	FL 85 ZID COOPOU
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 of the corporation of 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 of the corporation of the corpo				
office or registered egent, or both, for 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 10.19-99				
Signature, based or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
12.	OFFICERS AND	F-7	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	L DELETE	1.1 TITLE	Change Addition
NAME {	HERTER, GAREY		1.2 NAME	6440 Garlen KD
STREET ADDRESS	4900 DYER BLVD		1.3 STREET ADDRESS	BAND GOIDEN TO SSILVI
CITY-ST-ZIP	LAKE WORTH FL 33408		1.4 CITY-ST-ZIP	Kluiera DCN, FI 33909
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	SULLIVAN, PATRICK		2.2 NAME	DST and a Sally
STREET ADDRESS	4900 DYER BLVD		2.3 STREET ADDRESS	6440 Garden RD
CITY-ST-ZIP	N. PALM BCH. FL 33408		2.4 CITY-ST-ZIP	KIUIENG BUN, FL 33404
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	Darrell L. Per	ممدم	3.2 NAME	·
STREET ADDRESS	6440 Garden R	161801	3.3 STREET ADDRESS	200
CITY-ST-ZIP		32414	3.4 CITY-ST-ZIP	[[[]]
TITLE	-Riviera But, f	DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	1000030824618
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-12/29/9901009001
TITLE		DELETE	5.1 TITLE	****550.00 *****550.00
NAME		Control December 1	5.2 NAME	აიიაა(ენეენე
STREET ADDRESS			5.3 STREET ADDRESS	1000030824618
•			5.4 CITY-ST-ZIP	1000030824618 -12/29/9901009002
CITY-ST-ZIP		[] DELETE	6.1 TITLE	****200.00 [*****200,00
TITLE		DELETE	6.2 NAME	Change -[
NAME ,				
STREET ADDRESS	• •	J1	6.3 STREET ADDRESS	
CITY-ST-ZIP	wife, that the information and that with	signa does not qualify for the	6.4 CITY-ST-ZIP	section 119 07(3)(i) Florida Statutes. I further certify that the information
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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am				
14. I hereby certify that the information supplied with this filing does not <u>quality</u> for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or <u>supplemental enough exports</u> for the exemption of the corporation or that exemption 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 that exemption 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 that exemption 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 that exemption is true.				
SIGNATURE: SIGNATURE REQUIRED 10-14-99				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desytime Phone #				