## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P94000084766 (2)

EXPRESSWAY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**FILED** Jan 29 1996 8:00 am Secretary of State

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3501 S STATE ROAD 7 3501 S STATE RO HOLLYWOOD FL 33023 HOLLYWOOD FL 3								
					3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last F 06/15/1		
2. Principal P [21]	face of Business	2a. Mailing Address			4. FEI Number 65-0535322	<b>├</b>	Applied For	
Suite, Ant.	#. elc.	Suite, Apt. #, etc.					Not Applicable	
22		27			5. Certificate of Status Desired	1	Additional Required	
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution	1 1	May Be	
Zip	Country	Zip	Countr	у		8. This corporation has liability for intangible tax under s 199.032,		
24	9. Name and Address of Current Registered Agent			Florida Statutes Yes No				
	9, Ivalile and Address of Cu	rrent registered Agent	8	Name	10. Name and Address of New R	egistered Agent		
MAGY	'AR, MICHAEL							
	S STATE ROAD 7		8:	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
,	YWOOD FL 33023		8:	i		<del></del>		
_			84	City		<b> 85</b> Z	p Code	
44 Davuget	to the decisions of Spotions 607.6	2500 and 007 4500 Florida Ctat	1 - 40 - ab	'			•	
	to the provisions of Sections 607.0 red agent, or both, in the State of f ith, and accept the obligations of, S			named corporation s b	poration submits this statement for the pur oard of directors. I hereby accept the appo	pose of changing its i pintment as registered	registered office diagent. I am	
	itri, ario accept the ooligations of, a	Section 607.0505, Florida Statuti	es.					
SIGNATURE	Signature, typed or printed name of registere to	agent and the Lapphoable (I	NOTE: Registered Ag	nt signature req	ured when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DRS IN 12	
THE	DP	☐ DELETE	1. 1 Title			☐ Change	Addition	
NAME	MAGYAR, MICHAEL		1.2 NAME					
STREET ADDRESS	% 3501 S STATE RD 7		1.3 STREE	T ADDRESS				
City St-Zif	HOLLYWOOD FL 33023	5.00	1.4 CITY-			· · · · · · · · · · · · · · · · · · ·		
1IFLF	DV	☐ DELETE	2 1 TITLE			☐ Change	☐ Addition	
NAMU	PALINSKY, ILYA		2 2 NAME					
STREET ADDRESS	% 3501 S STATE RD 7 HOLLYWOOD FL 33023			T ADDRESS				
CHY-ST-ZIP 101, F	HULLI WOOD TE 33023	T DELETE	2 4 CITY-			Chann	- Adding	
NAMI			3 1 TITLE			☐ Change	Addition	
STREE! ADDRESS			3 2 NAME					
CITY - S1 - ZIP				ET ADDRESS				
TITLE		DELETE	3.4 CITY - 4.1 TITLE			Change	Addition	
NAME		L	4 2 NAME			☐ பள <i>ஃ</i>	Abaition	
STREET ADDRESS			•	T ADDRESS				
CITY - ST - ZIP			4.4 CITY-	1				
HELF	1	DELETE	5 1 TITLE			Change	Addition	
NAME		_	5.2 NAME	1			<b>—</b>	
STREET ADDRESS				T ADDRESS				
C-TY-\$1-ZP			54 CITY-					
THE		DELETE	6 1 TITLE			☐ Change	Addition	
NAM:			6.2 NAME			<b>-</b>	<b>_</b>	
STREET ADDRESS				T ADDRESS	P			
C(1Y - \$1 - Z(F)			64 CITY-		**************************************			
	by certify that the information suppl	ied with this filing is voluntarily fu	rnished and do	es not qualif	y for the exemption stated in Section 119.	07(3)(k). Florida Statu	tes. 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: