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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #	P95000071799	(7)
DOODINE		
1 Corporation Name		• •

## FARWAY PRODUCTIONS, INC.

Principal Place of Business						1	, , , , , , , , , , , , , , , , , , , ,			
		Mailing Address	- AIR A							
5100 TOWN CENTER CIR.	STE. 330	5100 TOWN CENTE BOCA RATON FL 3		330		Ì				
BOCA RATON FL 33486		book likitori re s	.0100			3.	Date Incorporated or Qualified	3a. Date o	Last Re	port
							09/14/1995			
2. Principal Place of Busine	988	2a. Mailing Address				4.	FEI Number			pplied For
21		26		_					<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	),			5.	Certificate of Status Desired			Additional lequired
22		City & State		<del>-  </del>		6.	Election Campaign Financing	<del></del>		May Be
City & State		28		i			Trust Fund Contribution		7	to Fees
23   Zip	Country	Zip	a	ountry		В.	This corporation has liability for		under s	199.032,
24	25	29	30					s No		
	and Address of Curre	ent Registered Agent		1		10	. Name and Address of New	Registered Ag	ent	
•				81	Name					
E.H.G. RESIDENT	AGENTS, INC.			82	Street A	ddress (F	P.O. Box Number is Not Accepta	ble)		
5100 TOWN CENT				83						
BOCA RATON FL	33486			L					T T =	
				84	City			FL	85 Zip	Code
dd. Dt to the excuse	ions of Sections 607 050	02 and 607 1508. Florida S	tatutes the a	bove-i	named co	poration	submits this statement for the p	irrose of chan	ging its re	egistered office
		orida. Such change was aut ection 607.0505, Florida Sta		e <b>¢</b> orp	oration's l	oard of o	directors. I hereby accept the ap	pointment as re	egisterea	agent. i am
SIGNATURE	or printed name of registered ago	est and trie if anclicable	(NOTE: Registe	red Age	nt signature re	guired when	reinstating)	DATE		
12.		ND DIRECTORS	1:	i			ADDITIONS/CHANGES TO OF			
TITLE		☐ DELETE	1	1 THTLE	1	D			Change	X Addition
NAME			1.2	NAME			d H. Gilbert			^
STREET ADDRESS			1.3	STREE			Town Center Circ		e 33	U
CITY-ST-ZIP				ŧ dTY-∶	ST-ZIP	Boca	Raton, Florida 3		Change	☐ Addition
TITLE		☐ DELETE		1 TITLE				<b>L</b>	Ottango	
NAME				2 NAME 2 dizore	T ADDRESS					
STREET ADDRESS			- I	1						
CITY-S1-ZIP		☐ DELETE		4 OITY - 1 TITLE	51 - ZIF				Change	Addition
TITLE		C		2 NAME						
NAME STREET ADORESS					T ADDRESS					
CITY-SI-ZIP			3	4 ÇITY-	ST-ZIP					
THTLE		☐ DELETE	4	1 TITLE					] Change	Addition
NAME			4	2 NAME						
STREET ADDRESS			4	3 \$TREE	t address		0000016 -05/01/960 ***200.00	0243	20	
CITY-ST-ZIP				4 CITY			<u>-05/01/960</u>	1015QI	3 Channe	☐ Addition
TITLE		DELETE		1 TITLE			***200.00	L	1 Augustic	L. 71401,101
NAME				2 NAME						
STREET ADDRESS				ŀ	T ADDRESS					
CITY-ST-ZIP		☐ DELET		4 CHY	ST-ZIP			Ĺ	Change	Addition
TITLE				2 NAMI				_		
NAME					T ADDRESS					
STREET ADDRESS				APITY	ST. 7(P					
14. I do hereby certify th	at the information supplie	ed with this filing is voluntar	ity furnished a	nd do	es not au	alify for th	e exemption stated in Section 1 and that my signature shall have t	19.07(3)(k), Flo	rida Statu effect as	ites. I further if made unde
certify that the inform	nation indicated on this a ficer or director of the co	annual report or supplement pro <u>oration or t</u> he receiver or	ai annuai rep trustee empo	on is to owered	i to execu	te this rep	nd that my signature shall have to bort as required by Chapter 607,	Florida Statute	s; and th	at my name
Die in die in die of	or Block 13 if changed.	of an attackment with a	n address.							
appears in Block 12				1			ector 4/22/96 (4	407) 361		

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