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**Jun 09 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000030572 (7)

1. Corporation Name
NEWAY SYSTEM INC.



Principal Place of Business
**14355 NE 6TH AVE #3
NORTH MIAMI FL 33161**

Mailing Address
**14355 NE 6TH AVE #3
NORTH MIAMI FL 33161-2964**

3. Date Incorporated or Qualified **04/01/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **5207 SW 32 ST,** 2a. Mailing Address
26 **P.O. BOX 64067**

4. FEI Number **650666715** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **HOLLYWOOD FL** 28 **MIAMI, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33023** 25 **U.S.A** 29 **33164** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ENABULELE, JOHNBULL
14355 NE 6TH AVE #3
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent
81 Name **JOHNBULL ENABULELE**
82 Street Address (P.O. Box Number is Not Acceptable)
5207 SW 32 STREET
83
84 City **HOLLYWOOD** FL 85 Zip Code **33023**

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 **J. Enabulele** DATE **4/20/97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	JOHNBULL ENABULELE
STREET ADDRESS	5207 SW 32 STREET
CITY - ST - ZIP	HOLLYWOOD FL 33023
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNBULL ENABULELE
1.3 STREET ADDRESS	5207 SW 32 STREET
1.4 CITY - ST - ZIP	HOLLYWOOD FL 33023
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 **JOHNBULL ENABULELE** DATE **4/20/97**

CR2E034 (9/96)