FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Change

Change

Change

Change

Addition

Addition

Addition

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000042012 (0)

ADDI EWAY ENTERDRICES

Principal Place of Business Mailing Address 1531 N DREXEL RD, LOT 194 WEST PALM BEACH FL 33417 Mailing Address 1531 N DREXEL RD, LOT 194 WEST PALM BEACH FL 33417				DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 05/16/1996 		
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0668680	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	rrent /ear Intangible Yes No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered	10. Name and Address of New Registered Agent	
73 WI	MS, H BRYANT 01 S DIXIE HWY EST PALM BEACH FL 33417		83 City (v	dress (P.O. Box plumby is Not Acceptable) R	85 Zip Code	
I office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida, Such change was an igations of, Section 607.0505, Flor	uthorized by the corpo rida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
12.	Signature, typed or printed name of registered a	agent and life if applicable (NOTE: ND DIRECTORS	Registered Agent signature re	·	D DIDEOTORO III 10	
TITLE	D OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	CERKONEY, GALE A		1.2 NAME		C Oliange	
STREET ADDRESS 1531 N DREXEL RD, LOT 194			1.3 STREET ADDRESS			
CITY-ST-ZIP WEST PALM BEACH FL 33417		1.4 CITY - ST - ZIP				
TITLE	WEST TALIF BEASTITE SS	DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME		compton	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETÉ	3.1 TITLE		Change Addition	

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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

DELETE

DELETÉ

DELETE