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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

MAITLAND FL 32751

DOCUMENT # P96000047195 (8)

ENTRY WAYS, INC.

Principal Place of Business	_
235 SOUTH MATTLAND AVENUE #110	ı

Malling Address

235 SOUTH MAITLAND AVENUE #110 MAITLAND FL 32751-5852

FILED May 16 1997 8:00am Secretary of State



						3. Date incorporated or Qualified Sa. Date of Last Report 06/04/1996
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3381725 Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 22						5. Certificate of Status Desired Section Fee Required
City & State 23	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Z _I p 29	Cour 30	ntry	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes D No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
BLACKBURN, JOHN M 235 SOUTH MAITLAND AVENUE #110					Name Street A	Address (P.O. Box Number is Not Acceptable)
MAJ	TLAND FL 32751		ŀ	83		
		*	Į	84	City	E1 85 Zip Code
office or r agent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was	s authorized	l by	the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, type tior printed name of registered	agent and title if applicable (N	OTE: Registered	Age	nt signature i	required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TIT	LE		Change Addition
NAMÉ	VINES, WAYNE 1.2 234 TONIWOOD LANE 1.3		1.2 NA	1.2 NAME		Δ.
STREET ADDRESS			1.3 ST			300 E. NOU EMIANO HUE, WINTER PACK FL 32789
City+St+7IP	PALM HARBOR FL 32751	DELETE	1.4 CIT		T- ZIP	Change Addition
TILE		[DELETE	2.1 TIT		- (CT cutulda CT vocurou
NAME			2.2 NA		İ	
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP		T DELETE	2 4 CI		ST-ZIP	
TITLE		☐ DELETE	3 1 TIT			Change Addition
NAME			32 NA		-	
STREET ADDRESS			3 3 ST	PEET	ADDRESS	
CITY-SI-ZIP			3.4. CI		ST-ZIP	
THILF		☐ DELETE	4.1 717			Change Addition
NAME			4. 2 N/	ME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZiP		7	4.4 CI	Y - S	T - ZIP	
TITLE		DELETE	5.1 T IT	LE	ļ	☐ Change ☐ Addition
NAME			5.2 NA	ME	- 1	•
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CF	Y-\$	T-ZIP	
TITLE		DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA	ME	[
STREET ADDRESS					ADDRESS	
CHY-ST-ZIP			6.4 CIT		- 1	
	· · · · · · · · · · · · · · · · · · ·	(tated in Section 119.07(3)(i), Florida Statutes. I further certify that the

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 ooth; that it 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICEROR

4/29/97

407-628-0034