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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000053333** (6)

FILED May 14 1997 8:00am Secretary of State

ALWAY	S ENTERPRISES, INC.	Mailing Address	·····	<u></u>		
11195 SANDPOINT TERRACE 11195 SANDPOINT TERRACE BOCA RATON FL 33428 BOCA RATON FL 33428-3904						
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0674139 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5, Certificate of Status Desired S8.75 Additional
22 27						Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
Zip			Country		,	Trust Fund Contribution Added to Fees
24	25	Zip 29	30	— -		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
£4]	g. Name and Address of Current		1301	T		10. Name and Address of New Registered Agent
811.1	VERIO, E		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81	Name	
	9 PEMBROKE ROAD			82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	MBROKE PINES FL 33023				On bot Ac	touross (1.0. Box Number is Not Acceptable)
				83		
				84	City	■ 85 Zip Code
					,	FL
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State (P and 607.1508, Florida Statu of Fforida. Such change was	tes, the a authorize	ibove id by	e-named co z tne corpo	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent la	m familiar with, and accept the obliga	itions of, Section 607.0505, F	orida Sta	tutes	3.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typod or printed name of registered ager	st eard title if production (AIC)	II : Braistar	od Apro	val microstrum co	required when reinstaing) DATE
12.	OFFICERS AND		13.	og rige	on algriptore is	
TITLE	PSTD	DELETE		1.1 THILE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	ROSENRAUCH, DAVID R		IAME		Z Z	
STREET ADDRESS	11195 SANDPOINT TERRACE		1.3 S	1.3 STREET ADDRESS		P. C.
CITY-ST-ZIP	BOCA RATON FL 33428			1.4 CITY+ST-ZIP		
TITLE		☐ DEL€1E	: 2.1 TITLE		İ	Change Addition C
NAME			1	2 2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	3.1 7		ST-ZIP	Change Addition
NAME		DEC.	3.7 N		1	C. Courage C. Mountain
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					67 - ZIP	
TITLE		☐ DELETE	4.1 7	ITLE		☐ Change ☐ Addition
NAME			4.21	NAME	}	
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP				MY-S	T-ZIP	
TITLE		☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition
						ı
NAME			5.2 N		\	
STREET ADDRESS		<u></u>	5.3 \$	TRELI	ADDRESS	
STREET ADDRESS CITY-ST-ZIP			5.3 S 54 C	TRELT		Thanna Addition
STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	5.3 S 5.4 C 6.1 1	TRELT STY-SI TLE		Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.3 S 5.4 C 6.1 T 6.2 N	TRELT HTY-SI HTLE IAME	Y-ZIP	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.3 S 54 C 6.1 T 6.2 N 6.3 S	TRELT HTY-SI HTLE IAME	Y-ZIP ADDRESS	Change Addition

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 logal 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 affainment with an address.