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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04 1998 8:00am Secretary of State

	MENT ON NAME WAY, INC		96000	07	73051 (0)				
Principal Plac	o of Busines				nilina Addresa					
Principal Place of Business Mailing Address 4652 POINCIANA STREET 4652 POINCIANA STREET								I.		
SUITE #4A SUITE #4A										
LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA						SEA FL	FL 33308			DO NOT WRITE IN THIS SPACE
										3. Date Incorporated or Qualified 08/29/1996
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For
21					26					65-0697594 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				 -	SR 75 Additional
22				27	27					5. Certificate of Status Desired Fee Required
City & State					City & State					8. Election Campaign Financing \$5.00 May Be
23				28						Trust Fund Contribution Added to Fees
	Zip Country			L-,	Zip Coun			1		8. This corporation owes or has paid the current year Intangible
24		25	40	29	A A	30				Personal Property Tax due June 30. Yes No
			of Current	Hegis	tered Agent		81	Nar		10. Name and Address of New Registered Agent
CAMERON, ARCHIE F							81 Name			
4652 POINCIANA STREET Suite #4A Lauderdale-by-the-sea fl 333								Stre	et Addre	ress (P.O. Box Number is Not Acceptable)
		.RV.THE.QE	A EL 23308				83			
D	ODEUDALE	יייייייי טרייייטר	A 1 L 33300	,				<u> </u>		
							84	City		FL 85 Zip Code
11. Pursuant	to the provis	ions of Soctio	ns 607.0502	and 6	07.1508, Florida Stat	utes, t	he abovi	e-nam	ed corpo	
agent. La	registered ag im familiar wi	jent, or both, th, and acce	in the State c of the obligat	ions o	da. Such change wa: f, Section 607.0505, I	s autho Florida	Statute:	y the d S.	corporation	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE										
	Stgnature, typed	or printed name of				OTE Floo		ent signi	ture require	ired when reinstating) DATE
TITLE	Г	OF	ICERS AND	DIREC	DELETE		13. 11 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	, –	ON, ARCHIE	: F		U OCCETC	1			i	Change Li Addition
STREET ADDRESS	4060 DOINGIANA OT OTE 44						1.2 NAME		.	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FI			99900			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		»	
TITLE					DELETÉ	-	2.1 TITLE	11-21		Change Addition
NAME						2.2 NAME				
STREET ADDRESS					2.3 5			2.3 STREET ADDRESS		
CITY-ST-ZIP	İ					ľ	2. 4 CITY-5	ST-ZIP		
TITLE				DELETE			3.1 TITLE			☐ Change ☐ Addition
NAME							3.2 NAME		- 1	
STREET ADDRESS						- 1	3.3 STREET	ADDRE	ss	
CITY - ST - ZIP							3.4. CITY - :	\$1-ZIP		
TITLE					☐ DELETE	ľ	4.1 TITLE			☐ Change ☐ Addition
NAME						- 1	4. 2 NAME			
STREET ADDRESS]	4.3 STREET	ADDRE	ss]	
CITY-ST-ZIP							4.4 CITY-S	T-ZIP		
TITLE					☐ DELETE	- 1	5.1 TITLE		- }	Change L. Addition
NAME							5.2 NAME			
STREET ADDRESS							5.3 STREET		SS	
CITY-ST-ZIP					T ACCES		5.4 CITY-S	T-ZIP		Character Made and Control of the Co
TITLE					☐ DELETE		6.1 TITLE			Change Addition
NAME							6.2 NAME			
STREET ADDRESS							6.3 STREET		×>	
14. hereby 0	Lertify that the	e information	fliw beilggua	h this f	iling does not qualify		6.4 CITY-S exemp		ated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. I bereby 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 informatio 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:

archie F. Cameron , Pres,

4/26/98 (

(954)9385286