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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000075667**1. Corporation Name

WAYWARD, INC.

Principal	Place	of	Business

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90165 015 \*\*\*150.00



Finicipal Flace of business	Walling Address					
8464 N.W. 2ND STREET CORAL SPRINGS FL 33071	COLEMAN C. SWEET, CLCY- 6113 PLANTATION ROAD PLANTATION FL 33317	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
		08/30/1997				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For				
· ·	26	65-0789906 Not Applicable				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired  Fee Required				
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Count						
24 25	29 30	Personal Property Tax. Yes No				
9. Name and Addr	ess of Current Registered Agent	10. Name and Address of New Registered Agent				
SWEET, COLEMAN C 221 S ANDREWS AVE		81 Name Sweet Coleman C., atty at haw  82 Street Address (P.O. Box Number is Not Acceptable)  Payring Ton, Saite 110				
<del>-FT-LAUDERDALE FL 330</del>	<del>81 -</del> -	83 10/195 E. Oakland Pk. Blvd.  84 City Thousand Pk. Blvd.  85 Zip Code 22 206				
office or registered agent, or both	ctions 607.0502 and 607.1508, Florida Statutes, the and in the State of Florida. Such change was authorized the obligations of, Section 607.0505, Florida States	pove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered ites.				

-9	, , <u>, , , , , , , , , , , , , , , , , </u>				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature required w	hen reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	PDST DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	BLAND, JOSEPH G	1.2 NAME			
STREET ADDRESS	8464 N.W. 2ND STREET	. 1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			:
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ OELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADORESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ OELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u></u>	
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			i
CITY-ST-ZIP		6.4 CITY-ST-ZIP	etice #40.07(2)(i) Florida Statutos I	£	formation

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 officer or director of the corpo

SIGNATURE: