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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000032161

1. Corporation Name

SOUTHERN WAYS, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90110 013 ***150.00

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Principal Plac			ng Address				,			
2628 SOUTHEA POMPANO BEA	ST 9TH STREET CH FL 33062		southeast 9th sti Ano beach FL 3308				DO NOT WRI	TE IN TUIC (PDACE	
									SPACE	
	•						3. Date Incorporated or Qualifed 04/08/1998			
2. Principal P	lace of Business	2a. M	lailing Address				4, FEI Number		Apr	olied For
21		26					65-0835551		X Not	Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Stat	<u></u>	27	ity & State				6. Election Campaign Financing		\$5.00	May Bo
23	•	28	ny a ciaic				Trust Fund Contribution		Added to	
Zip	Country	Z Z	in	Cou	intrv		8. This corporation owes the curr	ront vear Inta		
		-		30	,		Personal Property Tax.	cin your max		□No I
24	9. Name and Address of Currer	29	red Agent	30	Π		10. Name and Address of New I	Registered A		
	9. Name and Address of Curren	iit Kegister	eo Agent		81	Name	10, Marrie and Address of New Y	1091		
ΔME	RILAWYER			l	.					
	ALMERIA AVENUE				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
	IAL GABLES FL 33134			,	83					
COF	FAL GABLES FL 35154			i	83					
					84	City		FL	85 Zip C	ebo
44 Dureuget	to the provisions of Sections 607.050	12 and 607	1508 Florida Statut	es the a	bove	e-named corp	pration submits this statement for the	purpose of c	hanging its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida.	Such change was a	uthonzed	ı by	the corporation	n's board of directors. I hereby acce	pt the appoint	tment as reg	jistered
SIGNATURE		ina		£3.		SHARO	J SimoJEINI	/	6-9-9-	
SIGNATURE	Signature, typed or printed name of registered age				l Agen	it signature required	d when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS AND		
₹TLE	PTD		□ DELETE	1.1 TII	TLE				☐ Change	☐ Addition
NAME	SIMONCINI, SHARON			1.2 NA	AME					
STREET ADDRESS	2628 SOUTHEAST 9TH STREE	<u>:</u> T		1.3 ST	TREET	T ADDRESS				
ÇITY-ST-ZIP	POMPANO BEACH FL 33062			1,4 CF	TY-SI	T-ZIP				
TITLE	VTD		☐ DELETE	2.1 TI					Change	Addition
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STREET ADDRESS				2.2 N/	AME				onlinge	_
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Citt-St-Zir	2628 SOUTHEAST 9TH STREE	et	ny lunga ivo nin	2.3 ST	REET	TADORESS	i wasan wasan wasan	£ a		
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TITLE		et	DELETE	2.4 Cl 3.1 TI	TLE			* »	_ `	
NAME		. .	⊶. · - · · ·	2.4 Cl 3.1 TT 3.2 NA	TREET TLE AME	ST-ZIP		***	_ `	
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS