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

TKMK-S Principal Place	UBWAY, INC. e of Business	Mailing Address			
POMPANO BEA	ACH FL 33080	POMPANO BEACH FL 330	360-7523	Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 06/13/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			65-0292157	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Ζίρ	Country	8. This corporation has liability for i	
24	25 Same and Address of Curren	29 st Registered Agent	30	Florida Statutes 10. Name and Address of New Re	
KORNOWSKI, THEODORE 1301 SE 3RD ST. POMPANO BEACH FL 33080			81 Name82 Street Add83	ress (P.O. Box Number is Not Acceptab	io)
	•		84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607,050, registered agent, or both, in the State in familiar with, and accept the obligation Signature typed or minted name of registered ago	ations of, Section 607.0505, Fi	les, the above-named corporal authorized by the corporal lorida Statutes. 1E: flugistured Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	urpose of changing its registered at the appointment as registered
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPS	DELETE	1.1 TITLE		Change Addition
NAME	KORNOWSKI, THEODORE		1 2 NAME		
STREET ADDRESS	1901 SE 3RD ST. POMPANO BEACH FL		13 STREET ADDRESS		
CITY-ST-ZIP TITLE	DT DEACH FL	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME	KORNOWSKI, THEODORE		2.2 NAME		
STREET ADDRESS	1301 SE 3RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY - ST - ZIP	•	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(1) Y - ST - Z(P		Character Later
TOLE		□ Deterit	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-29-

FILED

Jun 16 1997 8:00am

Secretary of State