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 # **V26537**1. Corporation Name

RAY WAY ENTERPRISES. INC.

(3)

FILED Jan 27 1997 8:00am Secretary of State

Principal Plac 11 RIDGEWAY / COCOA FL 329	AVE	Mailing Address 11 RIDGEWAY AVE COCOA FL 32922-7787		u*				
					3. Date Incorporated or Qualifie 04/03/1992	d 3a. Date 08/29/		eport .
— ·	ace of Business	2a. Mailing Address			4. FEI Number		h	plied For
Suite, Apt.	# ole	Suite Apt. #, etc.			59-3114971		88.75 A	t Applicable
22 27				5. Certificate of Status Desired		Fee Re		
City & Stat	0	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zιρ	Country	Zip	Countr	y	This corporation has liability f Florida Statutes	or intangible tax		199.032.
24	9, Name and Address of Curre	29 nt Registered Agent	[30]		10. Name and Address of New			
TIDM	ÆLL, WAYNE J		81	Name				
	S. SUZANNE CT		82	Ctrool Addr	ress (P.O. Box Number is Not Accep	table)		
	RITT ISLAND FL 32952		0.2	Street Authr	ess (P.O. Box Number is Not Accep	raniei		
			83					
ı			84	City			35 Zip (Code
					coration submits this statement for th	- FL		
SIGNATURE	Signature typed in prodest range of registerious				tion's board of directors. I hereby ac red when reinstating) ADDITIONS/CHANGES TO OF	- DATE	·····	
12.	OFFICERS AF	DELETE DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF		Change	Addition
NAME	TIDWELL, WAYNE J	CLU OLLEGA	1.2 NAME				one go	, 100mm
STREET ADORESS	140 S. SUZANNE CT.			T ADDRESS				
CITY ST-7₽	MERRITT ISLAND FL 32952		14 CITY-	1				
1-TLE	TS	DELETE	21 TITLE				Change	Addition
NAME	TIDWELL, SUZANNE		2.2 NAME					
STREET ADDRESS	P.O. BOX 540189 N/A		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL 32954		2 4 CITY-	S1-ZIP				
TITLE		DELETE	3.1 TITLE			L	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			1	T ADORESS				
CHY-SI-ZIP TILLE		DELETE	34. CITY - 41 TIFLE	Sr-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAMÉ		E DELLE	4 1 HrLE 4 2 NAM			L) Districted	noullion Las
STREET ADDRESS				T ADDRESS				
CITY- S1-ZIP			4.4 CITY-	1				ı
TITLE		DELETE	5.1 TITLE	VI - EII			Change	Addition
NAME			5.2 NAME	}			-	
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP			5.4 CITY-					
TITLE		DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME	ļ				
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST - ZIP				
4.4 1 -4 1		at the at the first of the same of the sam	1'd . for the co		d in Castion 110 07/31/i) Elecido Cial	the state of the same of		1

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 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 one an attachment with an address