

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:16

DOCUMENT # V53982

(7)

1. Corporation Name
ONE WAY, INC.

Principal Place of Business

4790 N POWERLINE RD
POMPANO BCH FL 33073
US

Mailing Address

4790 N POWERLINE RD
POMPANO BCH FL 33073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1992

3a. Date of Last Report

06/30/1994

4. FEI Number

65-0347664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability to intangible tax under S. 199.032

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 1125 S. FLAGLER AVE

Suite, Apt. #, etc.

22 Unit # 519

City & State

23 Pompano Bch FL

Zip

Country

24 33040

25 U.S.A.

2a. Mailing Address

25 1125 S. FLAGLER AVE

Suite, Apt. #, etc.

27 Unit # 519

City & State

28 Pompano Bch FL

Zip

Country

29 33040

30 U.S.A.

9. Name and Address of Current Registered Agent

SALAMONE, CHRIS M E
4800 N FEDERAL HWY
STE 106D
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CURRY, RANDALL S
STREET ADDRESS	4790 N POWERLINE RD
CITY - ST - ZIP	POMPANO BCH FL
TITLE	DVS
NAME	CURRY, MICHELE L G
STREET ADDRESS	6618 BUENA VISTA
CITY - ST - ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1125 S. FLAGLER AVE Unit # 519
14 CITY - ST - ZIP	Pompano Bch, FL 33040
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

June 13, 1995

305-785-9707