

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L72440 (5)
 1. Corporation Name
WEB AWAY, INC.



Principal Place of Business	Mailing Address
10165 NORTHWEST 8TH LANE OCALA FL 34482 US	10165 NORTHWEST 8TH LANE OCALA FL 34482 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	05/10/1990	08/09/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3009520	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PLUMMER, DONALD E. 10165 NORTHWEST 8TH LANE Ocala FL 34482		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	800001928908 -08/21/96--01091--025
		84 City	85 Zip Code
			***375.00 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accepting the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT PLUMMER, DONALD E. 10165 NW 8TH LANE OCALA FL	11 TITLE	CD Plummer, Donald E. 10165 N.W. 8th Lane Ocala, FL 34482
NAME	DVP PLUMMER, SONJA ANN 10165 NW 8TH LANE OCALA FL	12 NAME	DPT Plummer, Sonja Ann 10165 NW 8 Lane Ocala, FL 34482
STREET ADDRESS	S PLUMMER, SONJA ANN 10165 NW 8TH LANE OCALA FL	21 TITLE	M Connie M. Butler 114 Shadow Creek Way Ormond Beach, FL 32174
CITY - ST - ZIP		22 NAME	D Linda A. Rosa 3631 Boggys Dr Stone Mountain, Ga 30083
		23 STREET ADDRESS	D Henry Avery 2506 St Michel Ct Ponte Vedra, FL 32082
		24 CITY - ST - ZIP	P Darryl L. Oursler 10165 NW 8 La Ocala, FL 34482
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	
		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 119.07(3)(k), 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 870, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sonja A. Plummer* *Sonja A. Plummer* 8/4/96 800-341-3415

CR2E034 (3/96)