

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 022 ***150.00

DOCUMENT # P94000029527

1. Entity Name
CARDWARE, INC.



Principal Place of Business
**275 NORTH EAST SPANISH RIVER BLVD.
BOCA RATON, FL 33431**

Mailing Address
**275 NORTH EAST SPANISH RIVER BLVD.
BOCA RATON, FL 33431**

54070922



07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0490017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, DON C
4250 N.W. 26 CT
BOCA RATON, FL 33434-3343**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPTS
NAME	LEE, DON C
STREET ADDRESS	4250 N.W. 26 CT
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	PVPT
NAME	LEE, DON C <input checked="" type="checkbox"/> Delete
STREET ADDRESS	4250 NW 26 CT
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	PD
NAME	LEE, CHRISTINE <input checked="" type="checkbox"/> Add
STREET ADDRESS	4250 NW. 26 CT
CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/22/04 (561) 392-0180