


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90016 043 \*\*\*150.00

**DOCUMENT # P96000063531**

1. Entity Name  
**INFOWARE SYSTEMS, INC.**



Principal Place of Business      Mailing Address

**476 HIGHWAY A1A**      **476 HIGHWAY A1A**  
**SUITE 7**      **SUITE 7**  
**SATELLITE BEACH, FL 32937**      **SATELLITE BEACH, FL 32937**

**24037608**



2. Principal Place of Business      3. Mailing Address

*600 Jackson Court*      *600 Jackson Court*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04022004      Chg-P      CR2E034 (10/03)

City & State      City & State

*Satellite Beach*      *Satellite Beach*  
 Zip      Zip      Country      Country

*32937*      *32937*

4. FEI Number      Applied For

**59-3407547**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LINTON, DONALD F**  
**476 HIGHWAY A1A**  
**SUITE 7**  
**SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent

Name: *Linton, Donald F.*  
 Street Address (P.O. Box Number is Not Acceptable):  
*600 Jackson Court*  
 City: *Satellite Beach*      **FL**      Zip Code: *32937*

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]*      DATE: *4/2/04*

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LINTON, DONALD F</b>
STREET ADDRESS	<b>476 HWY A1A STE 7</b>
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>LINTON, BARBARA J. H</b>
STREET ADDRESS	<b>476 HWY A1A STE 7</b>
CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Linton, Donald F.</i>
STREET ADDRESS	<i>600 Jackson Court</i>
CITY-ST-ZIP	<i>Satellite Beach FL, 32937</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Linton, Barbara J. H.</i>
STREET ADDRESS	<i>600 Jackson Court</i>
CITY-ST-ZIP	<i>Satellite Beach, FL 32937</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*      DATE: *4/2/04*      DAYTIME PHONE #: *321 773 5881*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #