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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 612142 (0)

1. Corporation Name
WARE, INC.

Principal Place of Business
P.O. BOX 14296
TAMPA FL 33690

Mailing Address
P.O. BOX 14296
TAMPA FL 33690-4296



3. Date Incorporated or Qualified 03/08/1979
3a. Date of Last Report 01/30/1996

4. FEI Number 59-1887096
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 for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 3603 W. Barcelona St.
Suite, Apt. #, etc.

22 Tampa, FL
City & State

23 33629
Zip

24 00PS: Country USA

2a. Mailing Address
25 WARE, INC
Suite, Apt. #, etc.

27 3603 W. Barcelona St.
City & State

28 Tampa, FL
City & State

29 33629
Zip

30 USA
Country

9. Name and Address of Current Registered Agent

LOPEZ, AL R. JR. ESQUIRE
4600 W. CYPRESS ST., STE. 500
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PSDT
NAME WARE, LAMBERT M
STREET ADDRESS P.O. BOX 14296 N/A
CITY-ST-ZIP TAMPA FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3603 W. Barcelona St
1.4 CITY-ST-ZIP Tampa, FL 33629

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. 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 on an attachment with an address.

SIGNATURE: X Lambert M. Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/831-7496
Date Daytime Phone #

CR2E034 (9/96)