FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000988 (5)

SIGNAWARE CORPORATION

Principal Pla	ce or business	₹V1÷	Mailing Address				t taktiad tien tmitt diete matte batte detti matte adite inter tallt ind			
1342 MILITAR C/O NTS DAT NIAGARA FAL	TA SERVICES	1342 MILITARY RD C/O NTS DATA SERVICES NIAGARA FALLS NY 14304-1730								
							3. Date Incorporated or Qualified	3a. Dat	e of Last F	Report
							02/28/1994	05/2	3/1996	
2. Principal	Place of Business	28.	2a. Mailing Address				4. FEI Number			oplied For
21		26	26				16-1358853		N	ot Applicable
Suite, Apl. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22			27			6. Certificate of Status Desired	L	Fee R	equired	
City & Sta	nle		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
Zιρ	Country		Zip	Cor	ıntry		8. This corporation has liability for it	ntangible t	ax under s	. 199.032,
24	25	29		30					No	
9. Name and Address of Current Registered Agent					ļ		10. Name and Address of New Re	istered A	gent	· · · · · · · · · · · · · · · · · · ·
BE	NNETT, STEPHEN A				81	Name				
1505 N. FLORIDA AVENUE					82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
TAMPA FL 33602										
1					В3					
					84	City	· · · · · · · · · · · · · · · · · · ·	<u> </u>	85 Zip	Code
						•		FL		
11. Pursuan office or agent 1	it to the provisions of Sections 607.0 registered agent, or both, in the Str am familiar with, and accept the ob-	0502 and 6 ate of Flori digations o	07.1508, Florida Statu da. Such change was f, Section 607.0505, F	tes, the a authorize lorida Sta	bove d by tutes	e-named cor the corpora i.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of I the appo	changing i intment as	ts registered registered
SIGNATURE										
					eg stered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC			Addition
Titl:E		CSD DELETE			1.1 THILE			ı	Change	Abdillion
NAME	DEWALD, CHARLES DR.			1.2 N	AME	ŀ				
STREET ADDRESS						address				
CHTY-ST-7:F	E. AMHERST NY 14051				ITY-S	T-ZIP				·
TITLE	VDT		☐ DELETE	2.1 1	TL€			1	Change	Addition Addition
NAME	COWE, BRUCE			2.2 N	AME					
STREET ADORESS	1 === = = = = = = = = = = = = = = = = =			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ANGOLA NY 14006			2 4 0	JTY-S	ST-21P				
THILE			DELETE	3.1 Ti	ITLE				Change	Addition
NAME	'			32 N	AMF	- 1				

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 undicated 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 his 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY - ST - ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

___ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIF

C(TY-ST-Z)P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e ateur

3/12/97

FILED

Apr 07 1997 8:00am

Secretary of State

Daytime Phone #

Change

Change

Addition

Addition

Addition