

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90029 040 ***150.00

DOCUMENT # H95954

1. Entity Name
INVESTWARE CORPORATION



Principal Place of Business
**11356 WEST STATE ROAD 84
DAVIE, FL 33325-4000 US**

Mailing Address
**P O BOX 551690
FT. LAUDERDALE, FL 33355-1690 US**



2. Principal Place of Business

13220 SW 32ND CT

Suite, Apt. #, etc.

3. Mailing Address

13220 SW 32ND CT.

Suite, Apt. #, etc.

04172004 Chg-P CR2E034 (10/03)

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

59-2705689

Applied For

Not Applicable

Zip

33330

Country

BROWARD

Zip

33330

Country

BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAUB, DIANNE
13220 SW 32ND COURT
DAVIE, FL 33330**

7. Name and Address of New Registered Agent

Name
ELLIS TRAUB

Street Address (P.O. Box Number is Not Acceptable)

13220 SW 32ND CT.

City

DAVIE, FL

FL

Zip Code

33330

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

4/14/04

**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 **C** ☐ Delete
NAME **TRAUB, ELLIS JR.**
STREET ADDRESS **13220 S.W. 132ND COURT**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE **P** ☐ Delete
NAME **TRAUB, DAVID T**
STREET ADDRESS **12030 CEDAR BLUFF**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE **ST** ☐ Delete
NAME **TRAUB, DIANNE**
STREET ADDRESS **13220 S.W. 132ND COURT**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2401 SW. 5th St.**
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIS TRAUB

Date

4/14/04

Daytime Phone #

(954) 370-6776