

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90215 022 ***150.00

DOCUMENT # J01462

1. Corporation Name
INWARE CORPORATION

Principal Place of Business
501 GOODLETTE ROAD NO
D-100
NAPLES FL 33940
US

Mailing Address
501 GOODLETTE ROAD NO
D-100
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1986

4. FEI Number

59-2679666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1333 THIRD AVE SOUTH
Suite, Apt. #, etc.

26 1333 THIRD AVE SOUTH
Suite, Apt. #, etc.

22

27

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

24 34102

Country

25 US

Zip

29 34102

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REX ASHLEY CPA
1044 CASTELLO DR
STE 106
NAPLES FL 33940

81 Name

MICHAEL KRAUS

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

1333 THIRD AVENUE SOUTH

83

84 City

NAPLES

FL

85 Zip Code

34102

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

Michael Kraus

4-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME INNIS, DONALD R.
STREET ADDRESS 3543 WINDJAMMER CIRCLE UNIT 1902
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ALLEN, ARTHUR
1.3 STREET ADDRESS 1333 THIRD AVENUE SOUTH
1.4 CITY-ST-ZIP NAPLES, FL 34102

TITLE DV ☒ DELETE

NAME ALLEN, ARTHUR
STREET ADDRESS 700 11TH ST S.
CITY-ST-ZIP NAPLES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME ASHLEY, N REX
STREET ADDRESS 1044 CASTELLO DR STE 106
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME MICHAEL KRAUS
3.3 STREET ADDRESS 1333 THIRD AVENUE SOUTH
3.4 CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0454514