
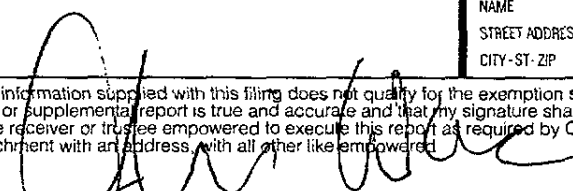


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # J53863 1. Entity Name THE WARE GROUP, INC.					
Principal Place of Business 1651 S RIO GRANDE AVE ORLANDO FL 32805			Mailing Address P O BOX 555399 ORLANDO FL 32855		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2759884 <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent LINDELL, J. MICHAEL P.A. 12276 SAN JOSE BLVD JACKSONVILLE FL 32223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WARE, CHRIS 1651 S AID GRANDE AVENUE ORLANDO FL 32805 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALLACE, MIKE 1651 S RIO GRANDE AVE ORLANDO FL 32805 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			U00000034647 02/05/04-80089-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: 				1/28/04 904 565-1683	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	