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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JANET H. MATHIAS  
Secretary of State  
1900 PENNSYLVANIA AVENUE  
TALLAHASSEE, FLORIDA 32304-0001

DOCUMENT # **J96417** (7)

1. CORPORATION NAME  
**CUSTOMWARE, INC.**

Principal Place of Business: **% ELI MECHOULLAM  
1070 N.E. 210TH TERR  
N MIAMI BEACH FL 33179**

Mailng Address: **% ELI MECHOULLAM  
1070 N.E. 210TH TERR  
N MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Party of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** **29** **30**

3. Date Incorporated in Florida: **10/06/1987**

3a. Date of Last Report: **05/17/1994**

4. FEI Number: **65-0009526**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**MECHOULLAM, ELI  
1070 N.E. 210TH TERRACE.  
MIAMI FL 33179**

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. The warrant for the payment of fees for this report is hereby authorized, for a duly elected corporation, submit this statement for the payment of a change of registered office or registered agent, or both, as the State of Florida, and that same 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 607.001, Florida Statutes.

SIGNATURE: *Ch Mechoullam* DATE: **4-27-95**

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
PD	MECHOULLAM, ELI	1070 N.E. 210TH TERR	N MIAMI BEACH	FL	
VD	MECHOULLAM, BONNIE	1070 N.E. 210TH TERR	N MIAMI BEACH	FL	
ST	MECHOULLAM, ELI	1070 N.E. 210TH TERR	N MIAMI BEACH	FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY:

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the nomination stated in Section 607.001, Florida Statutes. I do hereby certify that the information included 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 and that my name is hereby designated to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *Ch Mechoullam* **ELI MECHOULLAM** **4-27-95** **652-0100**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR