

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

FILED

97 JUL -7 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J96417 (7)
1. Corporation Name
CUSTOMWARE, INC.

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

3. Date Incorporated or Qualified **10/06/1987** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **3392 SW 51 STREET** 26 **3392 SW 51 STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **FT. LAUDERDALE, FL** 28 **FT. LAUDERDALE, FL**
24 Zip 25 Country 29 Zip 30 Country
33312-7919 **BROWARD** **33312-7919** **BROWARD**

4. FEI Number **65-0009526** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MECHOULLAM, ELI
1070 N.E. 210TH TERRACE.
MIAMI FL 33179
81 Name **MECHOULLAM, ELI**
82 Street Address (P.O. Box Number is Not Acceptable)
3392 SW 51 STREET
83
84 City **FT. LAUDERDALE** FL 85 Zip Code **33312**

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 *Ch. Mechoullam* 4-13-97
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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MECHOULLAM, ELI | 1.2 NAME | MECHOULLAM, ELI |
| STREET ADDRESS | 1070 N.E. 210TH TERR | 1.3 STREET ADDRESS | 3392 SW 51 STREET |
| CITY-ST-ZIP | N MIAMI BEACH FL | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | VP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MECHOULLAM, ELI | 2.2 NAME | MECHOULLAM, ELI |
| STREET ADDRESS | 1070 N.E. 210 TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | ST <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MECHOULLAM, ELI | 3.2 NAME | MECHOULLAM, ELI |
| STREET ADDRESS | 1070 N.E. 210TH TERR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 500002236405--8 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -07/11/97--01110--017 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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.

SIGNATURE *Ch. Mechoullam* 4-13-97 954-981-1099

CR2E034 (9/96)