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FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K01528

(4)

1. Corporation Name
INFOWARE, INC.

Principal Place of Business

1980 NO ATLANTIC AVE
STE 1010
COCOA BEACH FL 32931
US

Mailing Address

1980 NO ATLANTIC AVE
STE 1010
COCOA BEACH FL 32931-3278
US

3. Date Incorporated or Qualified
11/06/1987

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2863030

Applied For

Not Applicable

Suite, Apt. #, etc.

22 476 N Hwy A-1-A 4A

Suite, Apt. #, etc.

27 476 N Hwy A-1-A 4A

City & State

23 Satellite Beach FL

City & State

28 Satellite Beach FL

Zip

24 32937

Country

25 United States

Zip

29 32937

Country

30

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

RILEY, GEORGE F.
13 RIVERVIEW LN
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name DONALD F. LINTON
82 Street Address (P.O. Box Number is Not Acceptable) 698 Loggerhead Island Dr
83
84 City SATELLITE BEACH FL 85 Zip Code 32937

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RILEY, GEORGE F.	
STREET ADDRESS	13 RIVERVIEW LN	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINTON, DONALD F.	
STREET ADDRESS	698 LOGGERHEAD ISLAND DR	
CITY - ST - ZIP	SATELLITE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINTON, DONALD F.	
STREET ADDRESS	698 LOGGERHEAD ISLAND DR	
CITY - ST - ZIP	SATELLITE BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NAGEL, KRISTINE S.	
STREET ADDRESS	13 RIVERVIEW LANE	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	476 N Hwy A-1-A Suite 4A
1.4 CITY - ST - ZIP	SATELLITE BEACH FL 32937
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	476 N Hwy A-1-A 4A
4.4 CITY - ST - ZIP	SATELLITE BEACH FL 32937
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

Date

407.773-5881

Daytime Phone #

0102004

CR2E034 (9/96)