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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 Mailing Address
1980 NO ATLANTIC AVE STE 1010 COCOA BEACH FL 32931 US
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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 476 N Hwy A-1-A 4A 27 476 N Hwy A-1-A 4A
City & State City & State
23 Satellite Beach FL 28 Satellite Beach FL
Zip Country Zip Country
24 32937 25 Broward 29 32937 30

4. FEI Number 59-2863030 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
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] 3/3/97
Signable (typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	RILEY, GEORGE F.	
STREET ADDRESS	13 RIVERVIEW LN	
CITY-STATE-ZIP	COCOA BEACH FL	
TITLE	V	DELETE
NAME	LINTON, DONALD F.	
STREET ADDRESS	698 LOGGERHEAD ISLAND DR	
CITY-STATE-ZIP	SATELLITE BCH FL	
TITLE	D	DELETE
NAME	LINTON, DONALD F.	
STREET ADDRESS	698 LOGGERHEAD ISLAND DR	
CITY-STATE-ZIP	SATELLITE BCH FL	
TITLE	ST	DELETE
NAME	NAGEL, KRISTINE S.	
STREET ADDRESS	13 RIVERVIEW LANE	
CITY-STATE-ZIP	COCOA BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS	476 N Hwy A-1-A Suite 4A	
1.4 CITY-STATE-ZIP	SATELLITE BEACH FL 32937	
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS	476 N Hwy A-1-A 4A	
4.4 CITY-STATE-ZIP	SATELLITE BEACH FL 32937	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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] 3/3/97 407.773-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)