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Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L26542**

(5)

1. Corporation Name  
**CUSTOMWARE GROUP, INC.**



Principal Place of Business <b>10808 CARROLLWOOD DR. TAMPA FL 33618</b>	Mailing Address <b>10808 CARROLLWOOD DR. TAMPA FL 33618-3902</b>
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2. Principal Place of Business 21 <b>3808 GUNN HWY</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3808 GUNN HWY</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/31/1989</b>	3a. Date of Last Report <b>04/16/1996</b>
22 <b>SUITE # 103</b> City & State		27 <b>SUITE # 103</b> City & State		4. FEI Number <b>59-2976941</b>	Applied For Not Applicable
23 <b>TAMPA FL</b> Zip		28 <b>TAMPA, FL</b> Zip		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33624</b>		29 <b>33624</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HANNON, GERALD V.**  
**10808 CARROLLWOOD DRIVE**  
**TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name **HUBER, DANIEL R.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3808 GUNN HWY SUITE # 103**  
83  
84 City **TAMPA** FL 85 Zip Code **33624**

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-11-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>POT</b>	1.1 TITLE	<b>P/S/D</b>
NAME	<b>HANNON, GERALD V.</b>	1.2 NAME	<b>HUBER, DANIEL R.</b>
STREET ADDRESS	<b>10808 CARROLLWOOD DR.</b>	1.3 STREET ADDRESS	<b>520 NORTH HERCHEL DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33617</b>
TITLE	<b>VSD</b>	2.1 TITLE	<b>V/T/D</b>
NAME	<b>HANNON, CAROL A.</b>	2.2 NAME	<b>IMRAN KAMADIA</b>
STREET ADDRESS	<b>10808 CARROLLWOOD DR.</b>	2.3 STREET ADDRESS	<b>6607 DOMINICA COURT</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>TAMPA, FL 33617</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-11-97**

FILE NO. **6813963-1547**

CR2E034 (9/96)