

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L26542 (5)
1. Corporation Name
CUSTOMWARE GROUP, INC.

Principal Place of Business 3808 GUNN HWY SUITE #103 TAMPA FL 33624 US	Mailing Address 3808 GUNN HWY SUITE #103 TAMPA FL 33624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7211 N. Dale Mabry Hwy Suite, Apt. #, etc. 22 Suite # 216 City & State 23 Tampa, FL Zip 24 33614	2a. Mailing Address 26 7211 N. Dale Mabry Hwy Suite, Apt. #, etc. 27 Suite # 216 City & State 28 Tampa, FL Zip 29 33614 Country 30 Hillsborough
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3. Date Incorporated or Qualified 10/31/1989	4. FEI Number 59-2976941	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HUBER, DANIEL R.
3808 GUNN HWY, SUITE #103
TAMPA FL 33624

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	DANIEL R. Huber 7211 N. Dale Mabry Hwy. Suite # 216 Tampa FL 33614
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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: Daniel R. Huber (Daniel R. Huber) President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	HUBER, DANIEL R.
STREET ADDRESS	520 NORTH HERCHEL DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	VTD
NAME	KAMADIA, IMRAN
STREET ADDRESS	6607 DOMINICA COURT
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PVT/SCM
1.2 NAME	DANIEL R. Huber
1.3 STREET ADDRESS	7211 N. DALE MABRY HWY. Suite 216
1.4 CITY-ST-ZIP	TAMPA, FL 33614
2.1 TITLE	VTD
2.2 NAME	KAMADIA, IMRAN
2.3 STREET ADDRESS	6607 DOMINICA COURT - TAMPA, FL 33614
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Daniel R. Huber (Daniel R. Huber) 1-12-98 (813) 935-3594

CR2E034 (10/97)