

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P13734

(9)

1. Corporation Name

JOHN WARE & ASSOCIATES, INC.



Principal Place of Business

3 PIEDMONT CNTR., SUITE 305
ATLANTA GA 30305

Mailing Address

3 PIEDMONT CNTR., SUITE 305
ATLANTA GA 30305

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0302 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 the agent's name

Signature typed or printed name of registered agent and the agent's name

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WARE, JOHN M.	☐ DELETE
NAME		3 PIEDMONT CNTR, STE 305	
STREET ADDRESS		ATLANTA GA	
CITY-STATE-ZIP			
TITLE	SD	WARE, SUSAN M.	☐ DELETE
NAME		3 PIEDMONT CNTR, STE 305	
STREET ADDRESS		ATLANTA GA	
CITY-STATE-ZIP			
TITLE	VD	WARE, DAVID S	☐ DELETE
NAME		3 PIEDMONT CNTR, STE 305	
STREET ADDRESS		ATLANTA GA	
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3/15/96

DATE

404-261-1941

PHONE NUMBER

CR2E034 (12/95)