

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200).

*1050

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P92000006167 (0)**

1. Corporation Name
TELEWARES, INC.

FILED

00 JAN -6 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
22783 SO STATE ROAD 7
SUITE 104
BOCA RATON FL 33428-5427

Mailing Address
22783 SO STATE ROAD 7
SUITE 104
BOCA RATON FL 33428-5427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1992

4. FEI Number

65-0380970

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

☒ No

9. Name and Address of Current Registered Agent

STEFEL, BARRIE
22783 SO STATE ROAD 7
SUITE 104
BOCA RATON FL 33428-5427
33496

2901 CLINT MOORE RD
SUITE 217

10. Name and Address of New Registered Agent

81 Name

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

2901 CLINT MOORE RD

83

SUITE 217

84 City

BOCA RATON

FL

85 Zip Code

33496

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-30-1997

12. OFFICERS AND DIRECTORS

TITLE P
NAME STEFEL, ELYSE
STREET ADDRESS 22783 SO STATE ROAD 7 STE 104
CITY-ST-ZIP BOCA RATON FL 33428-5427 496

DELETE

TITLE D
NAME STEFEL, BARRIE
STREET ADDRESS 22783 SO STATE ROAD 7 STE 104
CITY-ST-ZIP BOCA RATON FL 33428-5427 496

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT 98-00: TS

700003096317-7

-01/13/00--01007--009

***1050.00 ***1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUIRE REQUIRED

12-30-99