

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # P93000074394 (6)

1. Corporation Name
EXPORTWARE, INC.



Principal Place of Business

**8001 N. DALE MABRY
SUITE 701C
TAMPA FL 33614**

Mailing Address

**8001 N. DALE MABRY
SUITE 701C
TAMPA FL 33614-3218**

3. Date Incorporated or Qualified
10/21/1993

3a. Date of Last Report
04/24/1996

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

4. FEI Number
59-3208740

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

**ROBERTS, JOE
8001 N. DALE MABRY
SUITE 701C
TAMPA FL 33614**

10. Name and Address of New Registered Agent

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 607.0502 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. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE

NAME **ROBERTS, JOE**
STREET ADDRESS **3108 LAKE ELLEN DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **DVP** ☒ DELETE

NAME **PHILLIPS, JOHN**
STREET ADDRESS **8805 CARROLL OAKS DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **ROBERTS, STEVE**
STREET ADDRESS **12701 LAMBRO PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **DP** ☐ DELETE

NAME **SANTIAGO, JOHN**
STREET ADDRESS **3520 SHELL POINT RD**
CITY-ST-ZIP **RUSKIN FL**

TITLE **D** ☐ DELETE

NAME **KNUTSON, WILLIAM**
STREET ADDRESS **14190 FENNSBURY DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

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

**D
PROSSER, DAVID
2601 CELLO LANE
LUTZ, FL 33549**

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 **JOE B. ROBERTS**

4/25/97

(813) 935-9266

CR2E034 (9/96)