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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000074394 (6)

EXPORTWARE, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
6001 N. DALE MABRY SUITE 701C TAMPA FL 33614		8001 N. DALE MABRY SUITE 701C TAMPA FL 33614				DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualified		İ	
Principal Di	ace of Business	2a. Mailing Address				10/21/1993 4. FE! Number	ΙΙΔο	plied For	
21 1323	W. Fletcher Ave.	1323 W. Fletcher Ave.			ve.	59-3208740 Not Applicable			
Suite, Apt.	#, e lc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27				a, Certificate of Status Desired	Fee Re		
City & State		City & State Tampa, FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Tampa Zip	Country	Zip Country				Trust Fund Contribution			
24 336]		33612 30				8. This corporation owes or has paid the currer Personal Property Tax due June 30.	· — · — ·		
24 330.	9. Name and Address of Curren		1301 -		<u> </u>	10, Name and Address of New Registered Ag			
ROI	BERTS, JOE			81	Name				
	1 N. DALE MABRY		•	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	TE 701C								
TAN	MPA FL 33614			83					
				84	City	FL	35 Zip (Code	
44 Purcuant	to the provisions of Sactions 607 000	2 and 607 1508 Florida Statut	as the at)OVE	named corr	paration submits this statement for the purpose of of	anging it	s registered	
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 product name of regelered age	of anni 65e if applicable (NO)	F: Registered	l Agen	nt signature roquit	ited whon reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	DST	DELETE	1.1 111			L] Change	Addition	
NAME	ROBERTS, JOE		1.2 NA						
STREET ADDRESS	3108 LAKE ELLEN DR. TAMPA FL				ADDRESS				
CITY-ST-ZIP TITLE	D LAMPA FL	DELETE	1.4 CI 2.1 TII		- 28*		Change	Addition	
NAME	PROSSER, DAVID		2.2 NA				Ţ.		
STREET ADDRESS	2601 CELLO LANE			2.3 STREET ADDRESS					
CITY-ST-ZIP	LUTZ FL		2 4 C	IY-S1	1-ZIP				
TITLE	D	DELETE	3 1 111	LE			Change	Addition	
NAME	ROBERTS, STEVE		3.2 NA	ME					
STREET ADDRESS	12701 LAMBRO PL		33\$1	REET #	ADDRESS			ĺ	
CITY-ST-ZIP	TAMPA FL	The state of the s	3.4 C		1-ZIP		Change	Addition	
TITLE	DP	☐ DELETE	4.1 TIT			L	Change	L Madition	
NAME	SANTIAGO, JOHN		4.2 N		ADDRICO			-	
STREET ADDRESS	\$520 SHELL POINT RD RUSKIN FL				ADDRESS				
CITY-ST-ZIP TITLE	D RUSKIN FL	DELETE	4.4 CI 5.1 TII		- 211		Change	Addition	
NAME	KNUTSON, WILLIAM		5.2 NA			_	-	}	
STREET ADDRESS	14190 FENNSBURY DR				ADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 CI						
TITLE		DEL ETE	6.1 Trī				Change	☐ Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REE (A	ADDRESS				
CITY-\$1-ZIP			6.4 CI	TY - 5T	(- 2 (P				

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.