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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000076955 (1)

B & W SOFTWARE, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					e inneinde ile intil ment entil beilt darit det	thing bild saidt Al:	100 Mstr 506)
1837 TANGLEDVINE DR PO BOX 128 WESLEY CHAPE FL 33543 THONOTOSAS US US		THONOTOSASSA FL 33			DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified		
					10/17/1994	· 	
	Place of Business	2a. Mailing Address			4. FEI Number	F	pplied For
Suite, Apt.	4 010	Suite, Apt #, etc.		· · · · · · · · · · · · · · · · · · ·	59-3300662		ot Applicable
22		27		<u>-</u>	5. Certificate of Status Desired	Fee Re	Additional equired
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the		
24	25 29 30		30	Personal Property Tax due June 30. 🔲 Yes 🔯 No			
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
BA	RNES, CYNTHIA L		81	Name			
* 1837 TANGLEDVIEN DR TANGLEDVINE DR. WESLEY CHAPEL FL 33543			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
, ***	SLET CHAPEL PL 33343		83				
•			84	City	·····	85 Zip	Code
44 Purcuant	to the provisions of Sections 607.05	2 and 607 1608 Florida State	itee the above	e-parned cor	poration submits this statement for the purpor		te registered
office or r	regi ster ed agent, or both, in the State am (am iliar with, and accept the oblig	e of Florida. Such change was	authorized b	y the corpora	ation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE							
<u> </u>	Signature, typed or printed name of registered ag			Jent signature requ	uired when reinstating) DA		20 11/45
12.	DI TICEMS AIN	ID DIHECTORS DELETE	13. 1.1 THLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
	l !	טננונ				L Change	C Voguron
NAME	SANKARAN, CYNTHIA B.		1.2 NAME	*			
STREET ADDRESS	1837 TANGLEDVNE DR			T ADDRESS			
CITY-ST-ZIP TITLE	WESLEY CHAPE FL	DELETE	1.4 CITY- 2.1 TITLE	S1 - ZIP		Change	Addition
NAME		בַן מנכנונ	2.2 NAME			C Cuango	L. Augmon
,				1 +0000000			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 City 3.1 Title	SI-ZIP		Change	Addition
NAME			3.2 NAME			பு	الانالوم ب
STREET ADDRESS				T ADDRESS			
1							
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	31-511.		Change	Addition
NAME			4.2 NAMI	.		Onlingo	
	1						
STREET ADDRESS	1			T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	31-ZIP		Change	Addition
NAME		- pectit	5.2 NAME		800002528:	578	Addition
]				T ADDDECC	800002528 : -05/19/9801031	-015	
STREET ADDRESS			i	T ADDRESS	***150,00		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP		Change	Addition
	1	[] VILLETE				- Change	1 6 20
NAME CYDECY ADDRESS			6.2 NAME				
STREET ADDRESS			1	T ADDRESS		`	1 0/
CITY-ST-ZIP	l _		6.4 CITY-	ST-ZIP			J '

14. Thereby 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 empowerea 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 apidress.