SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:49

DOCUMENT # P94000090207 (9)

1. Corporation Name
DIGIWARE, INC.

Principal Place of Business
7727 N.W. 20TH DRIVE
GAINESVILLE FL 32653

Mailing Address
7727 N.W. 20TH DRIVE
GAINESVILLE FL 32653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report:

4. FEI Number: [X] 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 [X] Yes [ ] No

2. Principal Place of Business
21 Rt. 3, Box 141 C
Suite, Apt. #, etc
22
City & State
23 Hawthorne, FL
Zip
24 32640
County
25 Alachua

2a. Mailing Address
26 P.O. Box 140301
Suite, Apt. #, etc
27
City & State
28 Gainesville, FL
Zip
29 32414
Country
30 Alachua

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Robin D. Stillwell
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 3, Box 141 C
83
84 City: Hawthorne FL 85 Zip Code: 32640

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] Robin D. Stillwell 6/22/95
Signature, New Registered Agent and Title if Applicable — New Registered Agent signature required when resigning — Date

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE	President/Director	[ ]	[X]
1.2 NAME	Robert V. Stillwell		
1.3 STREET ADDRESS	Rt. 3, Box 141 C		
1.4 CITY ST ZIP	Hawthorne, FL 32640		
2.1 TITLE	Vice President/Director	[ ]	[X]
2.2 NAME	Michael Hicks		
2.3 STREET ADDRESS	7727 NW 20th Drive		
2.4 CITY ST ZIP	Gainesville, FL 32606		
3.1 TITLE	Secretary/Treas./Director	[ ]	[X]
3.2 NAME	Robin D. Stillwell		
3.3 STREET ADDRESS	Rt. 3, Box 141 C		
3.4 CITY ST ZIP	Hawthorne, FL 32640		
4.1 TITLE		[ ]	[ ]
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY ST ZIP			
5.1 TITLE		[ ]	[ ]
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY ST ZIP			
6.1 TITLE		[ ]	[ ]
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY ST 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)(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] Robert V. Stillwell, Pres. (904)466-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
6/22/95

CR2E034 (3/95)