

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000009503 (0)

1. Corporation Name

WARE COMMERCIAL PROPERTIES, INC.



Principal Place of Business: 11221 N. ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246  
Mailing Address: 11221 N. ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246

3. Date Incorporated or Qualified: 02/03/1995  
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-3294565  
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: LINDELL, J. MICHAEL, 233 EAST BAY ST., SUITE 620, JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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] (NOTE: Registered Agent Signature required when registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE: D	WARE, CYNTHIA C	11221 N. ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE FL 32246	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY - ST - ZIP:
TITLE:	NAME:	STREET ADDRESS:	CITY - ST - ZIP:
TITLE:	NAME:	STREET ADDRESS:	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

1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY - ST - ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY - ST - ZIP:	

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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)(k), 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: Cynthia C. Ware, Cynthia C. WARE 1-18-96 908-928-0108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)