

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000064756 (6)

1. Corporation Name

VENTUREWARE CORPORATION



Principal Place of Business

P.O. BOX 1224
LARGO FL 34649-1224

Mailing Address

P.O. BOX 1224
LARGO FL 34649-1224

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

n/a

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

TED FROBERG

82 Street Address (P.O. Box Number is Not Acceptable)

1510 PARKVIEW LANE

83

LARGO

84 City

FL

85

Zip Code

34640

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

Theodore P. Froberg

2/17/96

Signature, typed or printed name of registered agent and the date of signature.

NOTE: Registered Agent signature required for Section 21 change.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FROBERG, THEODORE P
P.O. BOX 1224 N/A
LARGO FL 34649-1224

TITLE
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1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
[] Change [] Addition

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2. NAME
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3. TITLE
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5. NAME
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6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP
[] Change [] Addition

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:

Theodore P. Froberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

813-584-7020

DATE

Daytime Phone

CR2E034 (12/95)