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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064756 (6)

VENTUREWARE CORPORATION

Principal Place of Business Mailing Address					- 1 (ODI) FDI IT QUID) DIVII ODIA ERIAF QUIVI	08:18 01111 61011 10001 01119 (111 101)	
P.O. BOX 1224 LARGO FL 34849-1224		P.O. BOX 1224 LARGO FL 33779-1224					
					3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last Report 05/01/1996	
· '	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3332993	Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i		
24	25	29	30			Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	_
	FROBERG		81 N	ame			
1510 PARKVIEW LANE LARGO FL 33460			82 Si	reet Addre	ess (P.O. Box Number is Not Acceptab	lo)	
LAHO	30 FL 33460		83		1 M 10-10-10 A 10-10-10 A 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
						•	
			84 C	ity		FI 85 Zip Code	- 1
11. Pursuant office or re agent. I a	to the provisions of Sections 607,0502 egistered agont, or both, in the State of m familiar with, and accept the obliga	⁹ and 607.1508, Florida Statu of Florida Such change was itions of, Section 607.0505, Fl	tes, the above na authorized by the orida Statutes.	med corpo corporation	pration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its registered I the appointment as registered	d
SIGNATURE							l
12.	Signature, typed or printed name of registered agen OFFICERS AND		16 Registered Agent sig	pature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	PSTD	DELETE	1.1 TIELE		ADDITIONS/CHANGES TO OTTIC	Change Addit:	on I
NAME	FROBERG, THEODORE P		1.2 NAME				.,,
STREET ADDRESS	P.O. BOX 1224 N/A		1.3 STREET ADD	RESS			
CITY-ST-ZIP	LARGO FL 34649-1224		1.4 C(1 Y - S1 - Z(F	,			
TITLE		☐ DELETÉ	2.1 1IILE			Change Additi	on
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDI	RESS			
CITY-ST-ZIP			2. 4 C(TY - S1 - Z)	P			_
TITLE		☐ DEFETE	3.1 1/116			Change Additi	on [
NAME OTOGET ADDRESS			3.2 NAME				
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDI				ļ
TITLE		DELETE	3.4. CITY - S1 - 71 4.1 TITLE			Change Additi	
NAME			4.2 NAME			Change House	<u> </u>
STREET ADDRESS			4.3 STREET AODI	RESS.			
CITY-ST-ZIP			4.4 CITY-S1-ZIF	f			i
TITLE		DELETE	5 TITLE			Change Additi	on
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	RESS			
CITY-ST-ZIP			5.4 CITY - S1 - ZIF				
TITLE		☐ DEFELE	6.1 THEF			Change Additi	an
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDE	RESS			

14. I do hereby certify that the information supplied with this filling 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 armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 of Block 13 of the receiver or not attaching mixing an address.