

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

FILED

Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
- 1997



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

DOCUMENT # P95000075997 (3)

1. Corporation Name  
SHERWARE, INC.



Principal Place of Business

1801 NORTH 19TH AVENUE  
PENSACOLA FL 32503

Mailing Address

1801 NORTH 19TH AVENUE  
PENSACOLA FL 32503-5754

2. Principal Place of Business

21 | 510 Holly Hill Ct.

Street Address

22 |  
City & State

23 | Nashville, TN

24 | 37221-3411 | 25 | USA

Zip | Country

2a. Mailing Address

26 | 510 Holly Hill Ct.

Street Address

27 |  
City & State

28 | Nashville, TN

29 | 37221-3411 | 30 | USA

Zip | Country

3. Date Incorporated or Qualified  
10/03/1995

3a. Date of Last Report  
04/24/1996

4. FEI Number  
59-3339222

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  Yes  No

9. Name and Address of Current Registered Agent

BRADSHAW, DON T  
1801 NORTH 19TH AVENUE  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name  
Corporate Creations Enterprises, Inc  
82 Street Address (P.O. Box Number is Not Acceptable)  
4521 PGA Boulevard, Suite 211  
83 Palm Beach Gardens, FL 33418  
84 City  
Palm Beach Gardens, FL 85 Zip Code  
33418

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the principal office 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: Barry S. Shermer, V.P. Corporate Creations 2-13-97  
(NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

1.1 NAME	D SHERMER, BARRY S	<input type="checkbox"/> DELETE
1.2 ADDRESS	% 1801 NORTH 19TH AVENUE PENSACOLA FL 32503	
1.3 CITY-STATE-ZIP	D BRADSHAW, DON T % 1801 NORTH 19TH AVENUE PENSACOLA FL 32503	<input type="checkbox"/> DELETE
1.4 NAME		
1.5 ADDRESS		
1.6 CITY-STATE-ZIP		
1.7 NAME		
1.8 ADDRESS		
1.9 CITY-STATE-ZIP		
1.10 NAME		
1.11 ADDRESS		
1.12 CITY-STATE-ZIP		
1.13 NAME		
1.14 ADDRESS		
1.15 CITY-STATE-ZIP		
1.16 NAME		
1.17 ADDRESS		
1.18 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHERMER, BARRY S	
1.3 STREET ADDRESS	510 HOLLY HILL CT	
1.4 CITY-STATE-ZIP	NASHVILLE TN 37221-3411	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRADSHAW, DON T	
2.3 STREET ADDRESS	510 HOLLY HILL CT	
2.4 CITY-STATE-ZIP	NASHVILLE TN 37221-3411	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby 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 included 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: Barry S. Shermer 2/11/97 615-673-9088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)