

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000075997 (3)**  
 1. Corporation Name  
**SHERWARE, INC.**



Principal Place of Business <b>510 HOLLY HILL CT                  NASHVILLE TN 37221-411                  US</b>	Mailing Address <b>510 HOLLY HILL CT                  NASHVILLE TN 37221-411                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1501 ELLER DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>NASHVILLE TN</b> Zip Country 24 <b>37221</b> 25 <b>US</b>		2a. Mailing Address 26 <b>1501 ELLER DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>NASHVILLE TN</b> Zip Country 29 <b>37221</b> 30 <b>US</b>		3. Date Incorporated or Qualified <b>10/03/1995</b>	4. FEI Number <b>59-3339222</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COPORATE CREATIONS ENTERPRISES INC  
 4521 PGA BLVD  
 SUITE 211  
 PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	<b>SHERMER, BARRY S</b>	
STREET ADDRESS	<b>510 HOLLY HILL CT</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 11</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>BRADSHAW, DON T</b>	
STREET ADDRESS	<b>510 HOLLY HILL CT</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 11</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1501 ELLER DR</b>
1.4 CITY-ST-ZIP	<b>NASHVILLE TN 37221</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1501 ELLER DR</b>
2.4 CITY-ST-ZIP	<b>NASHVILLE TN 37221</b>
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	

14. I 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 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 *Barry S Shermer* **BARRY S SHERMER, 111 Holly Hill Ct, Nashville TN 37221**

CR2E094 (10/97)