

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083282 (0)

1. Corporation Name
NET.WARES, INC.



Principal Place of Business 930 SE 9TH ST FT LAUDERDALE FL 33316	Mailing Address 930 SE 9TH ST FT LAUDERDALE FL 33316-1312
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2. Principal Place of Business 21 1904 S. UNIVERSITY DRIVE Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL 24 Zip 33324 25 Country USA	2a. Mailing Address 26 1904 S. UNIVERSITY DR Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL 29 Zip 33324 30 Country USA	3. Date Incorporated or Qualified 10/31/1995 3a. Date of Last Report 07/05/1996 4. FEI Number 65-0625237 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CAMERON, CARA E 3101 N FEDERAL HIGHWAY, SUITE 601 PENTHOUSE C FT LAUDERDALE FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP ZIEGLER, BONNIE KAY 1480 NW 128 AVENUE SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP VP JAY R. MC NEILL 1904 S. UNIVERSITY DRIVE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP JAY R. MC NEILL 1904 S. UNIVERSITY DRIVE DAVIE, FL 33324	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP PRESIDENT KENNETH CAMERON 1904 S. UNIVERSITY DRIVE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT KENNETH CAMERON 1904 S. UNIVERSITY DRIVE DAVIE, FL 33324	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 954-424-0060

Daytime Phone #

0274913

CR2E034 (9/96)