

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000083282 (0)
1. Corporation Name
NET.WARES, INC.



Principal Place of Business
1904 S UNIVERSITY DR
DAVE FL 33324
US

Mailing Address
1904 S UNIVERSITY DR
DAVE FL 33324
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1995	
21		26		4. FEI Number 65-0625237	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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 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	85. Zip Code FL

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	VP	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, BONNIE KAY	12. NAME	
STREET ADDRESS	1480 NW 126 AVENUE	13. STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	14. CITY-ST-ZIP	
TITLE	VP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEILL, JAY R	22. NAME	
STREET ADDRESS	1904 S UNIVERSITY DR	23. STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	24. CITY-ST-ZIP	
TITLE	P	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, KENNETH	32. NAME	
STREET ADDRESS	1904 S UNIVERSITY DR	33. STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: *[Signature]* 4/23/98

CR2E034 (10/97)