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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p95000083282

1. Corporation Name

NET. WARES, INC.

NEI-WARED, INC.

Principal Place of Business

.._

930 S.E. 9 Street Ft. Lauderdale, Fl. 33316 Mailing Address

930 S.E. 9 Street

Ft. Lauderdale, Fl. 33316

FILED May 12, 1999 8:00 am Secretary of State

05-12-1999 90004 023 ***150.00

DO NOT WRITE IN THIS SPACE

							O. 7.02		
				3. Date Incorporated or Qualified October 31, 1995					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				65-0625237	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip Coul				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. ☐ No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
Como Ehant Camanan				81	Name				
Cara Ebert Cameron 2929 East Commercial Blvd.			l l	82 Street Address (P.O. Box Number is Not Acceptable)					
		ıva.	1.		Curcuration	coo (i .c. box rumbo: is not ricceptable)		-	
	ite 410	200	Г	83					
F't.	. Lauderdale, Fl. 333	308		0.4	O't-		105 7(n	Codo	
			ľ	84	City	FL	85 Zíp	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 social section 607.0505, Florida Statutes.									
SIGNATURE THE THE PROPERTY OF									
Signature typed originated name of registered agent and filler applicable (NOTE: Registered A					it signature required	d when reinstating) OATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTO	DRS IN 12	
TITLE	P/D	☐ ØELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	Cameron, Kenneth		1.2 NAME						
STREET ADDRESS	ss 930 S.E. 9 Street		1.3 STR	REET	ADDRESS				
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316		1.4 CITY	Y-ST	r-ZIP				
TITLE			2.1 TITL	E			Change	☐ Addition	
NAME			2.2 NAME		ļ				
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2 4 CIT	2. 4 CITY-ST-ZIP					
TITLE			3.1 TITL		 -		☐ Change	· Addition	
NAME			3.2 NAM	dΕ	1			Í	
STREET ADDRESS			#		ADDRESS				
CITY-ST-ZIP			3.4. CIT						
TITLE		☐ DELETE	4.1 TITL		1.21		Change	Addition	
NAME			4.2 NA		ļ				
į.			R		4000000			ļ	
STREET ADDRESS			Ħ		ADDRESS			İ	
CITY-ST-ZIP		DELETE	4.4 CITY		ZIP		Change	☐ Addition	
TITLE		C) Dereie	5.1 TITL 5.2 NAM					C MARIONI	
NAME	•				ADODECO				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		CT perese	5.4 C/TY		- ZIP		-	T A statistics	
TITLE			6.1 TITL				Change	☐ Addition	
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR	EET	ADDRESS			1	

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 fustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Cameron, President

4/27/89 540-020

CR2E034 (11/98)