

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

→ \$165.00

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 OCT 13 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006468 (8)
1. Corporation Name
TECH-WARE SOLUTIONS, INC.



Principal Place of Business: **1304 GLENGARRY ROAD JACKSONVILLE FL 32207**
Mailing Address: **1304 GLENGARRY ROAD JACKSONVILLE FL 32207-1110**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1996	3a. Date of Last Report
21	22	26	27	4. FEI Number 59-3356636	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	25	28	29	30
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
COCHRAN, JAMES W 1304 GLENGARRY ROAD JACKSONVILLE FL 32207				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

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 607.0105, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	400002321244--8
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-10/15/97--01092--004
			****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 

CR2E034 (9/96)

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Cochran & Company
Certified Public Accountants

Computerized Bookkeeping & Accounting
Financial Planning - Auditing
Individual - Corporate - Partnership

Tax Preparation & Consultation
Internal Revenue Service Audits
New Business Assistance & Start Ups

October 9, 1997

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Tech-Ware Solutions, Inc.
Ref No P98000006468

Dear Madam, dear Sir:

Believe it or not, the enclosed letter and corporate annual report, along with the check, was delivered to my son yesterday, October 8, 1997. I do not know which turtle the envelope got on, but it was not the fastest one in the state.

rec'd
letter
dated
5/21/97

As instructed in the letter, my son has signed the report and has listed the Federal id number. We respectfully request that you forgive the late fee, as my son would have returned this letter in the 30 days originally requested, had he received the letter timely.

Your attention to this matter is greatly appreciated.

With best regards,



Beth W. Cochran
Certified Public Accountant
Mother of James W. Cochran

Enclosures/as