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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

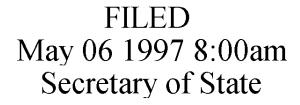
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PROWARE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

LOCAL ATTERMAND AVENUE





TAMPA FL 33647			TAMPA FL 33647-1833						
						3. Date Incorporated or Qualified 3a. Date of La 02/19/1996		ast Report	
2. Principal Pl	ace of Business	2a. Mailing Ac	2a. Mailing Address			4. FEI Number 59-3369352	Number Applied For		
21		26				59-336 93 32 Not Applicat		Not Applicable	
Sulte, Apt. #, etc.		⊢	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required			
22]		[27]	City & State						
City & State		<u> </u>	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30				doi d. 100.002,		
	9, Name and Address of Co					10. Name and Address of New Reg	sistered Agent		
FORI	EST, MICHAEL J			81	Name				
1853	6 OTTERWOOD AVENUE			82 Street Addre		dress (P.O. Box Number is Not Acceptab	le)		
TAM	PA FL 33647			83					
				83					
				84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508. FI	orida Statutes.	the above	Le-named cor	poration submits this statement for the p	urpose of chang	ging its registered	
office or r agent. I a	egistered agent, or both, in the 5 m familiar with, and accept the c	State of Florida. Such of obligations of, Section 6	nange was auth 07.0505, Florid	horized by la Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I heroby accept	it the appointme	int as registered	
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable	(NOTE FI	egis ^j ered Age	ent's gnature requ	sired when reinstating)	DATE		
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D		DELETE	1.1.1ITLE			☐ Ch	nange Addition	
NAME	FOREST, MICHAEL J			1.2 NAME					
STREET ADDRESS	18536 OTTERWOOD AVEN	IUE		1,3 STREET	i				
CITY-ST-ZIP	TAMPA FL 33647		DELETE	1.4 CHY- S	ST - 71P		□ Ct	nange Addition	
TITLE		L	DELETE	21 TITLE 22 NAME				ange	
NAME Street address				2.3 STREET	LADDRESS				
CITY-ST-ZIP				2.3 3 MEC	ţ				
TITLE			DELETE	3171118			□ Ct	nange Addition	
NAME				3 2 NAME				i	
STREET ADDRESS				3,3 STREET	I ADDRESS				
CITY-SY-ZIP				3 4. CITY-	ST-ZIP				
TITLE	,		DELETE	41 TITLE			☐ Cr	nange	
NAME				4 2 NAME					
STREET ADDRESS				4 3 STREE				i	
CITY-ST-ZIP			DELETE	4.4 O(TY-)	ST-ZIP		Cr	nange Addition	
TITLE		L	DELETE	5 1 TITLE			LIU	angs Mounton	
NAME OXOCET ADDRESS				5.2 NAME	F ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE			DELETE	54 CITY-1)1.7lr		CI	nange Addition	
NAME		L		6.2 NAME					
STREET ADDRESS					I ADDRESS				
CITY-\$T-ZIP				6.4 CHY-	1				
VII 1 - W1 - Z-11						ad in Onetice 440.07(0VI). Florida Ctatuta		the stable	

I do hereby certify that the information supplied with this filling 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.