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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016115 (3)

PROWARE SOLUTIONS, INC.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place	a of Business	Mailing Address 18536 OTTERWOOD AVENUE TAMPA FL 33847 3. Date Incorporated O2/19/1996 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 28 Country 29 30 Country 30 Personal Property Address of Current Registered Agent J Name B1 Name B2 Street Address (P.O. Box Number is B3 B4 City I Sections 607 0502 and 607, 1506, Florida Statutes, the above-named corporation submits this state r both, in the State of Florida Such change was authorized by the corporation's board of directors. d accept the obligations of, Section 607, 0505, Florida Statutes B3 B4 City B1 Name B2 Street Address (P.O. Box Number is B3 B4 City B4 City B5 Country B6 City B6 City B7 Country B8 City				U 1801/806 419 (BRID STILL SOUN STILL BOUN TOUR (1910 TIND) (1901 (1904 TIN)
18536 OTTERN TAMPA FL 33	NOOD AVENUE 647					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
	_					02/19/1996
2. Principal Pl	ace of Business	2a. Mailing	Address			
21						
Suite, Apt.		27	·			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e	<u>├</u> ─┐	State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip	Country Zip				1	8. This corporation owes or has paid the current year Intangible
24			L,		Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent					1	10. Name and Address of New Registered Agent
				81	Name	
FOREST, MICHAEL J 18536 OTTERWOOD AVENUE TAMPA FL 33647 11. Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga		ENUE		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
TAN	MPA FL 33647			83	<u> </u>	
				84	City	85 Zip Code
					'	FL
office or ri	egistered agent, or both	 in the State of Florida, Such 	change was auth	orized b	y the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, lyped or printed name	e of registered agent and title d applicable	e. (NOTE: Re	gistered Ag-	ent signature re	equired when reinstating) DATE
12.	0	FFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		Change Addition
NAME	FOREST, MICHAE			1.2 NAME		
STREET ADDRESS			1.3 STREET A		ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647				ST-ZIP	
TITLE			DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS			2.3 \$7		ADDRESS	•
CITY-ST-ZIP					ST-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE			TT DEFETE			Change Addition
NAME					•	
STREET ADDRESS					- 1	
CITY-ST-ZIP	- <u></u>		OSI EVE		ST-ZIP	
TITLE			L.J DELETE			Change Addition
NAME [4	5.2 NAME		
STREET ADDRESS			1	5.3 STREET		
CITY-ST-ZIP			D D C L C T C	5.4 CITY - S	ST-ZIP	
TITLE			☐ DELETE	6.1 TITLE	İ	☐ Change ☐ Addilion
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY-5	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.

Michael J. GNEST