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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

A PROGRAM NO MANTINANI BANKA BANKA

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P97

P97000046056 (2)

WARE REALTY FINANCIAL SERVICES, INC.

Orinated Disc	a of Duninger	Molling Address	<del></del>		<u> </u>
Principal Place of Business Mailing Address  4440 CHANNEL OLDE DRIVE					
1112 CHANNEL SIDE DRIVE TAMPA FL 33602		1112 CHANNEL SIDE DRIVE TAMPA FL 33602			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address		05/23/1997 4. FEI Number	Applied For
21		26		59-3449450	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		28		Trust Fund Contribution	Added to Fees
Zip 24	25	Zip	Country 30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year Intangible  Yes No
24]	g. Name and Address of Curre		301	10. Name and Address of New Register	= -
RO	BBINS, R. JAMES JR		81 Name	GLIANO, JOHN J	
101 E KENNEDY BLVD				GLIANO, JOHN J	
	ITE 3700 BARNETT PLAZA		400	North Tampa Street	
	MPA FL 33602		83 Sui-		
· · · · · · · · · · · · · · · · · · ·			84 City		85 Zip Code
·			Ta		<u>-L   33602</u>
office or r	<b>egiste</b> red agent, or both, in the Stat	le of Florida. Such change w	as authorized by the coroor	proporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered
agent. I a	m familiar with, and account the obli	gations of, Section 607.0505	, Florida Statutes.		4 .
SIGNATURE	Signature typind is phrited princel req. leved a	John J	T. Agliano NOIL Registero Agent signature rec	4[]	6 98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN #2
TITLE	PRESIDENT	DELETE	4.4 THE	N DC - MC AND	Change Addition
NAME	WILLIAM & WAR	nous ((view)	1.2 NAME	WHEN E. WALE	
STREET ADDRESS	1112 CHAMELSINE	were Co	13 STREET ADDRESS	1112 CAMPELSAGE WILL	_
CITY-ST-ZIP	TRUPA FLOREST		1.4 CITY - ST - ZIP	TAUN, KLOPESS 3360	
TITLE		DELETE	2.1 TITLE		L. Change L. Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<del></del>	Change Addition
NAME			3.1 IFILE 3.2 NAME		CT counties CT ventions
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		L. J OLLETE	6.1 TITLE		Change Addition
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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.