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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1998 8:00am

Secretary of State

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000058929 (5)

STEMWARE, INC.

012	Transport				
Principal Plac	ce of Business	Mailing Address			
2508 FLORIDA AVE 2508 FLORIDA AVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 07/03/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number (05 - 0771592	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	i Agent
BRAMS, WARREN B					
1645 PALM BEACH LAKES BLVD 82 Street Addres				ress (P.O. Box Number is Not Acceptable)	
SUITE 680					
WEST PALM BEACH FL 33401					
			84 City	F	85 Zip 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 obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE		g			
SIGNATORE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	STEIGHNER, DENISE		1.2 NAME		. ;
STREET ADDRESS	2508 FLORIDA AVE		1.3 STREET ADDRESS		li li
CITY-ST-ZIP	WEST PALM BEACH FL 334	101	1,4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	-	Change Addition
NAME	ORF, TRACEY		2.2 NAME		
STREET ADDRESS	2508 FLORIDA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334	901	2 4 CITY-ST-ZIP		
TITLE		DELETE .	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition

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 consoration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachpend with 15 and does.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

SIGNATURE-

NAME

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

Station EDUNEDANSE Steinhor , 10/98 561-54035