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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059749 (6)

INTERWAVE COMPUTER SOFTWARE, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 577212 ARBOR CLUB WAY 577212 ARBOR CLUB WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 6208 RALEIGH ST. 6208 KALEIGH ST. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite 605 Fee Required \$5.00 May Be 6. Election Campaign Figancing FL Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes (1) A Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARLING, HARVEY H 7000 W PALMETTO PARK RD, SUITE 300 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE PTD ☐ DELETE 1.1 TITLE **Change** ☐ Addition 6208 RALEIGH ST. SUTTE 605 NAME **GLICKMAN, GARY** 1.2 NAME 577212 ARBOR CLUB WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 21 TITLE RALEIGH ST. Juine 605 RICHARDS, KIMBERLY NAME 2.2 NAME STREET ADDRESS 577212 ARBOR CLUB WAY 2.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE ... Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 CITY-ST-ZIP CITY-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 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.

4/27/48