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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057262 1. Corporation Name

ATOWARE, INC.

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90273 005 ***150.00



Mailing Address Principal Place of Business 4404 WIMCO COURT 4404 WIMCO COURT **NEW PORT RICHEY FL 34655** NEW PORT RICHEY FL 34655 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/22/1998 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3514407 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired _ Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Zip Country □ No Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEADLE, THOMAS Street Address (P.O. Box Number is Not Acceptable) 82 4404 WIMCO COURT **NEW PORT RICHEY FL 34655** 83 85 Zip Code 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition [7] Change PROSIDENT ☐ DELETE 1.1 TITLE TITLE THUMAS D. BEADLE, JR. 1.2 NAME NAME 4404 WINCO ET. 1.3 STREET ADDRESS STREET ADDRESS NEWPORT RICHOT, FL. 34658 1.4 CITY-ST-ZIP CITY-ST-ZIP Change doi:ion DELETE 2.1 TITLE 化十十二烷二烷 可不够的第三人 no med the same TITLE 2.2 NAME NAME Transfer in the second 2.3 STREET ADDRESS STREET ADDRESS 7 4 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

3.4. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)