


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90268 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074919
1. Corporation Name
MINDWARE, INC.
Principal Place of Business
1802-102 NORTH UNIVERSITY DRIVE
SUITE 101
PLANTATION FL 33322
Mailing Address
1802-102 NORTH UNIVERSITY DRIVE
SUITE 101
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

65-0861896

☐ Applied For

☐ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.
☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134
10. Name and Address of New Registered Agent
81 Name THOMAS GEORGE

82 Street Address (P.O. Box Number is Not Acceptable)

1802-102 N. UNIVERSITY DRIVE #101

83
84 City PLANTATION

85 FL

86 Zip Code 33322

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 X *Thomas George*

(NOTE: Registered Agent signature required when reinstating)

DATE X 2/16/99

12. OFFICERS AND DIRECTORS
TITLE PSTD ☐ DELETE
NAME GEORGE, THOMAS
STREET ADDRESS 1802-102 NORTH UNIVERSITY DRIVE, #101
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: X *Thomas George* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE X 2/16/99 **DAYTIME PHONE #** X 954-474-3790

CR2E034 (1/98)