№2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000091066** 1. Entity Name ANYWARE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 920 SW 93 AVE 920 SW 93 AVE PLANTATION FL 33324-3812 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address

FILED Jan 24, 2000 8:00 am Secretary of State

01-24-2000 90038 047 ***150.00

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Country Zip Country Country St. Country St. Certificate of Status Desired S8.75 Additional Fee Required S8.75	City & State	e		City & State		4. F	FEI Number 65-0881448					
ROSENBLATT, MADELINE 920 SW 93 AVE PLANTATION FL 33324 SIGNATURE SIGNATURE Syrature, typed of pretiad rome of implicated agent and rise of applicable (NOTE: Registered Agent signature regular willow) File NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PROSENBLATT, MADELENE SIREST ADDRESS CITY-ST-2P PLANTATION FL 33324 TITLE MAME SIREST ADDRESS CITY-ST-2P CITY-ST-2P	Zip		Country	Zip Country 5.		5. (\$8.75 Add	8.75 Additional	
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920 SW 93 AVE PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or privated name of registered agent and till if applicable INOTIC Registered Agent signature required when reliability DATE				<u> </u>	Name							
920 SW 93 AVE PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda SIGNATURE Signature, typed of prised name of registered agent and effects to do so. Change Addition	ROS	ENBLATT, M	ADELINE	Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria or back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-2IP PLANTATION FL 33324 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST			· · · · · · · · · · · · · · · · · · ·									
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Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Signature, typed or	printed name of registered agent an	d title if applicable (NOT	E: Registered Agent signatur	e required when re	instating)		DATE			
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13. 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 report of supplemental copyright and description and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.		certify that the	information supplied with t	his filing does not qualify fo	r the exemption state	ed in Section	119.07(3)(i), F	Florida Statutes. I	further cer	tify that the i	nformation	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954.236.2525