FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S63111** **(6)**

1. Corporation Name
TRIWARE SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
2061 NW 2ND AVE., #205 BOCA RATON FL 33431	2061 NW 2ND AVE., #205 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2393 NW 30 Rd
22: Suite, Apt. #, etc.
23: City & State: Boca Raton FL ~~33431~~
24: Zip: 33431 25: County

2a. Mailing Address
26: 2393 NW 30 Rd
27: Suite, Apt. #, etc.
28: City & State: Boca Raton, FL
29: Zip: 33431 30: County

4. FEI Number: 65-0268216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWARINGEN, EDWIN S.
8840 N.W. 29TH ST.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Charles N. Warren
82 Street Address (P.O. Box Number is Not Acceptable): 2393 NW 30 Rd
83:
84 City: Boca Raton FL 85 Zip Code: 33431

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: Charles N. Warren 4/5/1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	SWARINGEN, EDWIN S.	12 NAME	WARREN, CHARLES N.	
STREET ADDRESS	8840 N.W. 29 ST	13 STREET ADDRESS	2393 NW 30 Rd	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	DVS	21 TITLE	DVS	☑ Change ☐ Addition
NAME	WARREN, CHARLES N.	22 NAME	WARREN, LINDA R	
STREET ADDRESS	2393 NW 30 RD.	23 STREET ADDRESS	2393 NW 30 RD	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	T	31 TITLE	T	☑ Change ☐ Addition
NAME	WARREN, CHARLES N.	32 NAME	WARREN, LINDA R	
STREET ADDRESS	2393 NW 30 RD	33 STREET ADDRESS	2393 NW 30 RD	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Charles N. Warren 4/5/95 305-969-3043
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0287003 CP