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

PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1998 8:00am

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF C	ORPORATIONS	Secretary of State
DOCUMENT # S63111 (6) TRIWARE SYSTEMS, INCORPORATED				
	01012			
Principal Plac	ce of Business	Mailing Address		
2393 NW 30		2393 NW 30 RD		
BOCA RATO		BOCA RATON FL 33431		
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				06/28/1991
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# oto	26 Suite Act # atc		65-0268216 Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stal	te	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution
24	25	 	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g, Name and Address of Curren			10. Name and Address of New Registered Agent
WARREN, CHARLES N 81 Name				
2393 NW 30 ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431				
			84 City	FL 85 Zip Code
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				
12.	Signature, typed or printed name of registered age: OFFICERS AND		Registered Agent signature require	* * * * * * * * * * * * * * * * * * * *
TITLE	DP STREETS ARE	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	WARREN, CHARLES N		1.2 NAME	
STREET ADDRESS	2393 NW 30 RD		1.3 STREET ADDRESS	
CiTY-ST-ZiP	BOCA RATON FL		1.4 CITY - ST - ZIP	
TITLE NAME	DVS WARREN CHARLES N	☐ DELETE	2.1 TITLE	L Change L Addition
STREET ADDRESS	WARREN, CHARLES N. 2393 NW 30 ROAD		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, CHARLES N.		3.2 NAME	-
STREET ADDRESS	2393 NW 30 RD		3.3 STREET ADDRESS	
CiTY-ST-ZiP	BOCA RATON FL	Dr. crc	3.4, CITY-ST-ZIP	
TITLE NAME		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
Street Address			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP

☐ DELETE