

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S77525** (1)
1. Corporation Name
TECHWARE RESOURCES CORP.

Principal Place of Business 5701 N. PINE ISLAND RD. STE. 250 FT. LAUDERDALE FL 33321	Mailing Address 5701 N. PINE ISLAND RD. STE. 250 FT. LAUDERDALE FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16512 NW 6th St Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines, FL Zip Country 24 33028 25 USA		2a. Mailing Address 26 16512 NW 6th St Suite, Apt. #, etc. 27 City & State 28 Pembroke Pines, FL Zip Country 29 33028 30 USA		3. Date Incorporated or Qualified 08/28/1991	4. FEI Number 65-0287598	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

COLEMAN, ROBERT GRANT
5701 N. PINE ISLAND RD., STE. 250
FT. LAUDERDALE FL 33321

10. Name and Address of New Registered Agent

81 Name	COLEMAN, Robert Grant
82 Street Address (P.O. Box Number is Not Acceptable)	16512 NW 6th St
83	
84 City	Pembroke Pines FL
85 Zip Code	33028

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

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	1.1 TITLE	DP
NAME	COLEMAN, ROBERT G	1.2 NAME	COLEMAN, ROBERT G
STREET ADDRESS	8601 NW 23RD ST.	1.3 STREET ADDRESS	16512 NW 6th St
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	DST	2.1 TITLE	DST
NAME	COLEMAN, BELIXA	2.2 NAME	COLEMAN, BELIXA
STREET ADDRESS	8601 NW 23RD ST.	2.3 STREET ADDRESS	16512 NW 6th St
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Robert G. Coleman 4-6-98 (954) 442-7222

CR2E034 (10/97)