

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandie B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S90816** (7)
1. Corporation Name
ACTWARE, INC.

Principal Place of Business
**643 WEYBRIDGE COURT
LAKE MARY FL 32746
US**

Mailing Address
**POST OFFICE BOX 88804
MANTLAND FL 32784-0804
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/30/1991** 3a. Date of Last Report **08/23/1994**

4. FEI Number **59-3092192** 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**

7. This corporation has liability for intangible tax under S. 109.022,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WYNA, BRUCE D.
643 WEYBRIDGE COURT
LAKE MARY FL 32746**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 *[Signature]*
Signature typed or printed name of registered agent and to all applicable.

(NOTE: Registered Agent signature required when re-registering)

3/25/95
DATE

12. OFFICERS AND DIRECTORS
TITLE **VD**
NAME **SHEALY, JOHN A**
STREET ADDRESS **1228 BAYPOINT COURT**
CITY - ST - ZIP **LONGWOOD FL**
TITLE **PD**
NAME **WYNA, BRUCE D.**
STREET ADDRESS **643 WEYBRIDGE COURT**
CITY - ST - ZIP **LAKE MARY FL**

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 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)(b), 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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment submitted with this report.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR TRUSTEE

3/25/95 **407-**
Date Date Printed
661-8206