

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **G08804** (8)

95 APR -4 PM 11:37

1. Corporation Name  
**TRAX JOINT VENTURE, INC.**

Principal Place of Business      Mailing Address  
**% LAWRENCE R. SHORTZ**  
**1988 NW 21ST ST**  
**POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/09/1982**      **04/13/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**

4. FEI Number      Applied For  
**59-2229741**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**

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

City & State      City & State  
**23**      **28**

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

Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SHORTZ, LAWRENCE R.**  
**1300 N.E. 48TH STREET**  
**POMPANO BEACH FL**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: **PD**  
NAME: **SHORTZ, LAWRENCE R**  
STREET ADDRESS: **1300 N E 48 ST**  
CITY- ST- ZIP: **POMPANO BEACH, FL 00000**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE: **VD**  
NAME: **JACKSON, THOMAS A**  
STREET ADDRESS: **5635 COASTAL DR**  
CITY- ST- ZIP: **BOCA RATON FL**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE: **STD**  
NAME: **JACKSON, KENNETH R**  
STREET ADDRESS: **3031 N 35TH ST**  
CITY- ST- ZIP: **HOLLYWOOD FL**

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY- ST- ZIP:

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE:      NAME:      STREET ADDRESS:      CITY- ST- ZIP:

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE:      NAME:      STREET ADDRESS:      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 110.07(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 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: *Kenneth R Jackson*      **Kenneth R Jackson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-95**      **305/973-3060**  
Date      (Mailing Address)