

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P17861 (6) 1. Corporation Name TRACKMAR CORPORATION					
Principal Place of Business 1935 S. CAMPBELL SPRINGFIELD MO 65898 US			Mailing Address 1935 S. CAMPBELL SPRINGFIELD MO 65898-0001 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/19/1988 3a. Date of Last Report 05/01/1996 4. FEI Number 43-1385176 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent WARREN, JEFFREY W. 220 SOUTH FRANKLIN STREET TAMPA FL 33602				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME MORRIS, JOHN L. STREET ADDRESS 1935 S. CAMPBELL CITY-ST-ZIP SPRINGFIELD MO			11 TITLE VP OF FINANCE 12 NAME MILLER, TONI 13 STREET ADDRESS 6040 SOUTH ROANOKE 14 CITY-ST-ZIP SPRINGFIELD, MO 65810		
TITLE V NAME HENRY, SUSIE STREET ADDRESS 1935 S. CAMPBELL CITY-ST-ZIP SPRINGFIELD MO			21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		



CR2E034 (9/96)

14. I do 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 _____ DATE 4/23/97 417-887-1915