

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

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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90027 046 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34715

1. Corporation Name
FLORIDA DIVISION - TRAX INC.

Principal Place of Business 1340 S. PERIMETER HIGHWAY ATLANTA GA 30349	Mailing Address 1340 S. PERIMETER HIGHWAY ATLANTA GA 30349
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/16/1991	
4. FEI Number 58-0875829	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

FL

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE C <input checked="" type="checkbox"/> DELETE	NAME MORITA, NORIKI
STREET ADDRESS 1340 S PERIMETER HWY	CITY-ST-ZIP ATLANTA GA
TITLE D <input type="checkbox"/> DELETE	NAME UJIE, TOSHIAKI
STREET ADDRESS 1340 S PERIMETER HIGHWAY	CITY-ST-ZIP ATLANTA GA 30349
TITLE D <input type="checkbox"/> DELETE	NAME TODOROKI, TOMIKAZU
STREET ADDRESS 4-2 OHITEMACHI, 1-CHOME	CITY-ST-ZIP CHIYODA-KU TO
TITLE DP <input type="checkbox"/> DELETE	NAME HUMPHREY, H.
STREET ADDRESS 1340 S. PERIMETER HWY	CITY-ST-ZIP ATLANTA GA
TITLE T <input type="checkbox"/> DELETE	NAME TYNER, DEBORAH C
STREET ADDRESS 1340 S PERIMETER HWY	CITY-ST-ZIP ATLANTA GA
TITLE S <input checked="" type="checkbox"/> DELETE	NAME GRAY, GEORGE W
STREET ADDRESS 1340 S PERIMETER HWY	CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miyazaki, Hisashi
1.3 STREET ADDRESS	4-2, Ohtemahi 1-Chome, Chiyoda-ku
1.4 CITY-ST-ZIP	Tokyo, Japan
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul C. Brenner
2.3 STREET ADDRESS	1340 S. Perimeter Highway
2.4 CITY-ST-ZIP	Atlanta, GA 30349
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Herbert Humphrey **SIGNATURE REQUIRED** Date: **4/6/99** Daytime Phone #: **(770) 996-6800**

CR2E034 (11/98)