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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091122 (9)

FILED Apr 24 1998 8:00am Secretary of State

TRACE,	, INCORPORATED	Mailea Address				
Principal Place of Business Mailing Address 1015 SEMORAN BLVD #1455 1015 SEMORAN BLVD # CASSELBERRY FL 32707 CASSELBERRY FL 32707				1		
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				01/01/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	TA	pplied For
21		26		59-3284423		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State		City & State				equired
City & State	3	· ·		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has pa		
24	25	29	30	Personal Property Tax due June		No
	9. Name and Address of Cui		11	10. Name and Address of New Re		
KEI	ENAN, R.		81 Name			
	I5 SEMORAN BLVD #1455 SSELBERRY FL 32707		83	dress (P.O. Box Number is Not Acceptab	ole)	
			84 City		FL 85 Zip	Code
Office of re	n familiar with and account the of	tate of Florida, Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	or the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered	-	authorized by the corpora orida Statutes. FE Registered Agent signature request. 13.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
SIGNATURE	Signature, typed or punted name of registures OFFICERS D	d agent and title if applicable (NOT	E Registered Agent signature requ	uired when reinstating)	DATE	
SIGNATURE	Signature, typed or punted name of registures OFF ICERS D KEENAN, R.	aged and talle if applicable (NOT AND DIRECTORS DELETE	TE Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE 5	Signature, typed or puried name of regulurer OFFICERS D KEENAN, R. 1015 SEMORAN BLVD #	aged and talle if applicable (NOT AND DIRECTORS DELETE	Registered Agent signature requirements 13.	uired when reinstating)	DATE CERS AND DIRECTO	RS IN 12
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14. Thereby 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 chapted. or on an attachment with an address.

SIGNATURE: Parola) Truncoff

AUA TENCHOU

1/11/98 407359-803