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**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029437 (6)
1. Corporation Name
CENTRACK INTERNATIONAL, INC.



Principal Place of Business: 21045 COMMERCIAL TRAIL SUITE 103 BOCA RATON FL 33486-1099
Mailing Address: 21045 COMMERCIAL TRAIL SUITE 103 BOCA RATON FL 33486-1099

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified: 04/04/1996
4. FEI Number: 65-0656317
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS HARRIS-LOFQUIST, CYNTHIA L	1.1 TITLE	VP D S
NAME	HARRIS-LOFQUIST, CYNTHIA L	1.2 NAME	
STREET ADDRESS	21045 COMMERCIAL TRAIL SUITE 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486-1099	1.4 CITY-ST-ZIP	
TITLE	PDT LOFQUIST, JOHN J	2.1 TITLE	C PDT
NAME	LOFQUIST, JOHN J	2.2 NAME	
STREET ADDRESS	21045 COMMERCIAL TRAIL SUITE 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486-1099	2.4 CITY-ST-ZIP	
TITLE	VP WHITESIDE, WILLIAM S	3.1 TITLE	
NAME	WHITESIDE, WILLIAM S	3.2 NAME	
STREET ADDRESS	21045 COMMERCIAL TRAIL SUITE 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486-1099	3.4 CITY-ST-ZIP	
TITLE	D AULT, BROMWELL	4.1 TITLE	
NAME	AULT, BROMWELL	4.2 NAME	
STREET ADDRESS	21045 COMMERCIAL TRAIL SUITE 103	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486-1099	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)

[Handwritten Signature] 9444