


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 JUL 29 AM 11:29

DOCUMENT # P96000061552 (1)
 1. Corporation Name
UNITRAC, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 17001 NW 17 STREET PEMBROKE PINES FL 33028	Mailing Address 17001 NW 17 STREET PEMBROKE PINES FL 33028
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1996	3a. Date of Last Report NIA
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0685740	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THIJS, ANKIE A 17001 NW 17 STREET PEMBROKE PINES FL 33028				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANBRUSSEL, MICHAEL J	1.2 NAME	
STREET ADDRESS	8304 NW 7 STREET #19	1.3 STREET ADDRESS	300002257219--3
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	-08/04/97--01167--010
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIJS, ANKIE A	2.2 NAME	
STREET ADDRESS	17001 NW 17 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

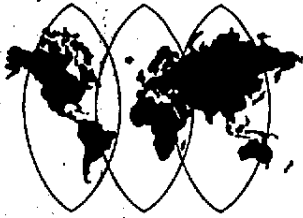
SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E034 (4/97)

JB
7-31-97

954-4501

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UNITRAC, INC.
Import • Export

July 21, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

We received the 1997 Annual Reports packet, which is the 2nd notice to file. The 1st notice was not received by our office and as this is our 1st year, we were not aware of the requirement to file this Report.

Therefore, we request you to consider the above and accept our payment of \$ 165,00 as the filing fee for 1997. Please find attached the Annual Report and our check in the amount of \$ 165,00.

We appreciate your consideration in this matter and remain,

Sincerely,

A handwritten signature in cursive script that reads "Ankie Thijs".

Ankie Thijs
Registered Agent