

AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED AND FILED

98 DEC -2 AM 11:11

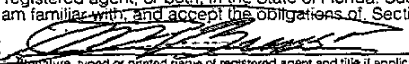
SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061552
1. Corporation Name
UNITRAC, INC.
17001 NW 17th STREET
PEMBROKE PINES, FL 33028

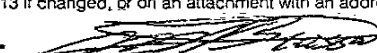
Principal Place of Business: SAME
Mailing Address: SAME

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*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	9427 FONTAINE BLEAU	26	9427 FONTAINE BLEAU	65-0685740 172012		<input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. #106		Suite, Apt. #, etc. #106		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33172	25	USA	29	33172	30	USA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANKIE A. THijs 17001 NW 17th STREET PEMBROKE PINES FLORIDA 33028.				81 Name MICHAEL J. VAN BRUSSEL 82 Street Address (P.O. Box Number is Not Acceptable) 9427 FONTAINE BLEAU # 106 83 84 City MIAMI FL 85 Zip Code 33172			
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 				Michael J. VanBrussel		12/01/98	
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	PIC/TS	<input type="checkbox"/> DELETE		1.1 TITLE	PIC/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL J. VAN BRUSSEL			1.2 NAME	MICHAEL J. VAN BRUSSEL		
STREET ADDRESS	8304 NW 7 STREET, #19			1.3 STREET ADDRESS	9427 FONTAINE BLEAU, # 106		
CITY-ST-ZIP	MIAMI, FL 33126			1.4 CITY-ST-ZIP	MIAMI, FL 33172		
TITLE	VIT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANKIE A. THijs			2.2 NAME	GERARD G. VAN DIJK		
STREET ADDRESS	17001 NW 17th STREET			2.3 STREET ADDRESS	9532 PEBBLE GLEN AVE		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33647		
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 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:  Michael J. VanBrussel 12/01/98 (305) 223-5965

CR2E034 (5/98)