

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90253 048 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000061552**

1. Corporation Name
UNITRAC, INC.



Principal Place of Business
 17001 NW 17 STREET
 PEMBROKE PINES FL 33028

Mailing Address
 17001 NW 17 STREET
 PEMBROKE PINES FL 33028
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1996

2. Principal Place of Business
 21 **9407 Fontainebleau Blvd.**

2a. Mailing Address
 26 **7891 W. Flagler St.**

4. FEI Number
65-0685740

Applied For
 Yes
 Not Applicable

22 **202**

27 **364**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **Miami, FL**

28 **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33172** 25 **USA**

29 **33144** 30 **USA**

8. This corporation owes the current year intangible Personal Property Tax. Yes 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 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: _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PS	<input type="checkbox"/> DELETE
NAME	VANBRUSSEL, MICHAEL J	
STREET ADDRESS	9427 FOUNTAINEBLEAU BLVD, #106	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	THIJS, ANKIE A	
STREET ADDRESS	17001 NW 17 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VanBrussel, Michael J.	
1.3 STREET ADDRESS	9407 Fontainebleau Blvd. #202	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van Dijk, Gerard G.	
2.3 STREET ADDRESS	9532 Pebble Glen Ave.	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
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: Michael J. VanBrussel 4/27/99 (305) 223-5965
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)