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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029437 (6)**

1. Corporation Name

XERIUS TECHNOLOGIES, INC.

NC 1/21/97

Name changed to Centrack International, Inc.



Principal Place of Business

**6121 TOWN COLONY DRIVE UNIT 718
BOCA RATON FL 33433**

Mailing Address

**6121 TOWN COLONY DRIVE UNIT 718
BOCA RATON FL 33433-1919**

See below

2. Principal Place of Business

21 21045 Commercial Trail

2a. Mailing Address

26 21045 Commercial Trail

Suite, Apt. #, etc

22 Suite 103

Suite, Apt. #, etc

27 Suite 103

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33486-1099

Country

25 USA

Zip

29 33486-1099

Country

30 USA

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDST** DELETE
NAME **HARRIS, CYNTHIA L**
STREET ADDRESS **6121 TOWN COLONY DRIVE UNIT 718**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DS** ☒ Change ☐ Addition
1.2 NAME **Lofquist, Cynthia L. Harris-**
1.3 STREET ADDRESS **21045 Commercial Trail, #103**
1.4 CITY-ST-ZIP **Boca Raton, FL 33486-1099**

2.1 TITLE **PDT** ☐ Change ☒ Addition
2.2 NAME **John J. Lofquist**
2.3 STREET ADDRESS **21045 Commercial Trail, #103**
2.4 CITY-ST-ZIP **Boca Raton, FL 33486-1099**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **William S. Whiteside**
3.3 STREET ADDRESS **21045 Commercial Trail, Suite 103**
3.4 CITY-ST-ZIP **Boca Raton, FL 33486-1099**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Bromwell Ault**
4.3 STREET ADDRESS **21045 Commercial Trail, #103**
4.4 CITY-ST-ZIP **Boca Raton, FL 33486-1099**

5.1 TITLE
5.2 NAME **300002180823**
5.3 STREET ADDRESS **-05/16/97--01019--002**
5.4 CITY-ST-ZIP *****165.00**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 supplementary 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 of the corporation; and that I executed 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 hereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John J. Lofquist 4/28/97

561-362-0570

CR2E034 (9/96)

CS 5/7/97