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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 579435 (9)

1. Corporation Name

TRACY INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1801 NW 22ND ST  
PO BOX 1435 (ZIP 33061)  
POMPANO BCH FL 33069

1801 NW 22ND ST  
PO BOX 1435 (ZIP 33061)  
POMPANO BCH FL 33069

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN BUREN, SCOTT R  
3350 NW 22ND DR  
COCONUT CREEK 33066

81 Name JAMES B. GLEN

82 Street Address (P.O. Box Number is Not Acceptable)  
739 N.W. 2ND ST.

83

84 City HALLANDALE

FL

85 Zip Code 33009

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

X JAMES B. GLEN

(NOTE: Registered Agent signature required when reinstating)

X 1/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE

NAME VAN BUREN, BEVERLY  
STREET ADDRESS 900 S.E. 5TH CT.  
CITY-STATE-ZIP POMPANO BEACH FL

TITLE T ☒ DELETE

NAME KNIGHT, MARY D.  
STREET ADDRESS 2833 AUBURN AVE.  
CITY-STATE-ZIP COLUMBUS GA

TITLE PD ☒ DELETE

NAME VAN BUREN, SCOTT R.  
STREET ADDRESS 3350 NW 22 DR  
CITY-STATE-ZIP COCONUT CREEK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JFS:Stefano JFS:STEFANO

X 1/24/96

305-456-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)