


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90243 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000003986					
1. Corporation Name TRAK COMMUNICATIONS INC.					
Principal Place of Business 4726 EISENHOWER BLVD TAMPA FL 33634-6391			Mailing Address 4726 EISENHOWER BLVD TAMPA FL 33634-6391		
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			29		
25			30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE P <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME BURRIS, O D					
1.3 STREET ADDRESS 4726 EISENHOWER BLVD					
1.4 CITY-ST-ZIP TAMPA FL					
2.1 TITLE SD <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME TIPPINS, J R					
2.3 STREET ADDRESS 10500 WESTOFFICE DRIVE, STE 200					
2.4 CITY-ST-ZIP HOUSTON TX					
3.1 TITLE T <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME GRANT JR, WILLIAM E					
3.3 STREET ADDRESS 4726 EISENHOWER BLVD					
3.4 CITY-ST-ZIP TAMPA FL					
4.1 TITLE CD <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME GAMEL, WENDELL W					
4.3 STREET ADDRESS 10500 WESTOFFICE DR., STE 200					
4.4 CITY-ST-ZIP HOUSTON TX					
5.1 TITLE D <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME THOMPSON, RAY F					
5.3 STREET ADDRESS 10500 WESTOFFICE DR., STE 200					
5.4 CITY-ST-ZIP HOUSTON TX					
6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1997	
4. FEI Number 59-3436098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)