F9800000580

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
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DIVISION OF CORPORATIONS
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Withdrawal Massis

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: INNOTRAC CORPORATION
(Name of Corporation)
DOCUMENT NUMBER: F98000002580
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LISA SIZEMORE
(Name of Person)
INNOTRAC
(Firm/Company)
6465 EAST JOHNS CROSSING, SUITE 400
(Address)
JOHNS CREEK, GA 30097
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (678) 584' 4000 (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	INNOTRAC CORPORATION
	(Name of Corporation)
	(Name of Corporation) F98000002580 (Document Number of Corporation (if known)
	F9800002580
	(Document Number of Corporation (if known)
	GEORGIA (Incorporated Under Laws of)
	(Incorporated Order Laws of)
	poration is no longer transacting business or conducting affairs within the State of Florida and hereby surrenders its authority to transact business or conduct affairs in Florida.
appoints	poration revokes the authority of its registered agent in Florida to accept service on its behalf and the Department of State as its agent for service of process based on a cause of action arising during the as authorized to transact business or conduct affairs in Florida.
The follo	wing is a current mailing address for the corporation:
	6465 EAST JOHNS CROSSING, SUITE 400
•	(Mailing Address)
	JOHNS CREEK, GA 30097
	(City/ State /Zip)
The corpo	oration agrees to notify the Department of State in the future of any change in its mailing address.
(S	ignature of a director, president or other officer - if in the hands of a eceiver or other court appointed fiduciary, by that fiduciary) 4/2 4/12 (Date)
_	Typed or printed name of person signing) Acounting Manager (Typed or printed name of person signing)

FILING FEE \$35