

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G91838** (4)

1. Corporation Name  
**TRACY CONSULTANTS, INC.**



Principal Place of Business  
**4660 S.W. 128TH AVENUE  
FORT LAUDERDALE FL 33330**

Mailing Address  
**4660 S.W. 128TH AVENUE  
FORT LAUDERDALE FL 33330**

3. Date Incorporated or Qualified **03/19/1984** 3a. Date of Last Report **02/16/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2422100</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**TRACY, ROBERT  
4660 S.W. 128TH AVENUE  
FORT LAUDERDALE FL 33330**

10. Name and Address of New Registered Agent

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 *Robert N. Tracy* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VO
NAME	TRACY, ROBERT	1.2 NAME	SHARON STRAUGHN
STREET ADDRESS	4660 SW 128TH AVENUE	1.3 STREET ADDRESS	201 TURKEY LANE
CITY-STATE-ZIP	FORT LAUDERDALE FL	1.4 CITY-STATE-ZIP	SEBRING, FL. 33872
TITLE	V	2.1 TITLE	D
NAME	TRACY, MARY	2.2 NAME	SCOTT TRACY
STREET ADDRESS	4660 SW 128TH AVENUE	2.3 STREET ADDRESS	8460 SW 181ST ST
CITY-STATE-ZIP	FORT LAUDERDALE FL	2.4 CITY-STATE-ZIP	MIAMI, FL. 33151
TITLE		3.1 TITLE	D
NAME		3.2 NAME	GREGORY TRACY
STREET ADDRESS		3.3 STREET ADDRESS	4660 SW 128 AVE
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	FT. LAUD. FL. 33330-2302
TITLE		4.1 TITLE	D
NAME		4.2 NAME	ROBERT N. TRACY JR
STREET ADDRESS		4.3 STREET ADDRESS	4660 SW 128 AVE
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	FT. LAUD. FL. 33330-2302
TITLE		5.1 TITLE	D
NAME		5.2 NAME	WILLIAM TRACY
STREET ADDRESS		5.3 STREET ADDRESS	4660 SW 128 AVE
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	FT. LAUD., FL. 33330-2302
TITLE		6.1 TITLE	D
NAME		6.2 NAME	SANDRA SIMMS
STREET ADDRESS		6.3 STREET ADDRESS	201 TURKEY LANE
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	SEBRING, FL. 33872

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: *Robert N. Tracy* **ROBERT N. TRACY** 1/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)