FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J33815** **(8)**

1. Corporation Name
SUPERTRAK, INC.

Principal Place of Business
8240 PASCAL DRIVE
PUNTA GORDA FL 33950

Mailing Address
8240 PASCAL DRIVE
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1986
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2736396 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes (X) Yes [ ] No

2. Principal Place of Business — 2a. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

9. Name and Address of Current Registered Agent

TRUITT, CURTRIGHT C.
2000 MAIN ST.
SUITE 601
FT. MYERS FL 33902

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

11. Pursuant to the provisions of Sections ... 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 ...

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	MST
Name	JULIAN, KARL DAVID
Street Address	5421 S.W. 39TH WAY
City-St-Zip	FT. LAUDERDALE FL
Title	PD
Name	KING, THOMAS P.
Street Address	16190 FOREST GLEN
City-St-Zip	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section ... 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 the 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS P. KING

Date: 4-27-95 Daytime Phone #: 8136377188

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