

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 # **K03530** (8)
1. Corporation Name
KEY-TRAK, INC.



Principal Place of Business
**1750 WEST BROADWAY
SUITE 220
OVIEDO FL 32765**

Mailing Address
**1750 WEST BROADWAY
SUITE 220
OVIEDO FL 32765**

| | | | |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 11/24/1987 | 3a. Date of Last Report 01/19/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-2891004 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CONTI, LOUIS T. M.~~
~~200 S. ORANGE AVENUE~~
~~SUITE 2800~~
~~ORLANDO FL 32801~~

81. Name **Mark Queen**
82. Street Address (P.O. Box Number is Not Acceptable)
1750 West Broadway Ste. 114
83.
84. City **Oviedo** FL 85. Zip Code **32765**

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 *Mark A Queen* **Mark A Queen - President** DATE **1/16/96**
Signature of officer or director of corporation and title is applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------|---|---------------------------------------|
| TITLE | PSTD | 1.1 TITLE | President, Treasurer |
| NAME | QUEEN, MARK | 1.2 NAME | Director |
| STREET ADDRESS | 1750 WEST BROADWAY, SUITE 220 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OVEIDO FL 32765 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | Deleted |
| NAME | KAWAKATSU, TAMIO | 2.2 NAME | |
| STREET ADDRESS | 1-8-23-301, TAMAGAWA-DAI | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOKYO, JAPAN | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | Chairman, Director |
| NAME | SINGLETON, MARK | 3.2 NAME | |
| STREET ADDRESS | 6075 BRECKINRIDGE BLVD STE 440 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DULUTH GA | 3.4 CITY-ST-ZIP | |
| TITLE | Troop, Maxine | 4.1 TITLE | Secretary |
| NAME | | 4.2 NAME | Troop, Maxine |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3075 Breckinridge Blvd Ste 440 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Duluth, Ga 30136 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Mark A Queen* **Mark A Queen (President)** DATE **1/16/96** 407-366-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)