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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

K03530

(8)

KEY-TRAK, INC.

Mailing Address	
1750 WEST BROADWAY SUITE 220	

FILED Jan 21 1998 8:00am Secretary of State

1750 WEST E SUITE 220 OVIEDO FL 3		1750 WEST BROADWAY SUITE 220 OVIEDO FL 32765			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1987		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21	<u></u>	26			59-289 1004 Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State)	City & State			6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	rv	8. This corporation owes or has paid the current year Intangible		
24			30	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Co	urrent Registered Agent	,		10. Name and Address of New Registered Agent		
QU	EEN, MARK		8	i Name	e		
1	O WEST BROADWAY STE	114	8	2 Street	t Address (P.O. Box Number is Not Acceptable)		
OV	IEDO FL 32765			0			
			8	3			
<u> </u>			8	4 City	85 Zip Code		
				'	FL '		
11. Pursuant t	o the provisions of Sections 607	7.0502 and 607.1508, Florida Statut State of Florida, Such change was:	es, the abo	ve-named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered		
agent. I ar	n familiar with, and accept the	bligations of Section 607.0505, Fi	orida Statut	es.	1 1		
SIGNATURE .	Mark (xueen/	President			1/6/98		
	Signature, typed or printed name of register			gent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PTD	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	QUEEN, MARK		1.2 NAM		S quarity 🖂 Yanguri		
STREET ADDRESS	1750 WEST BROADWAY,	SHITE 220	1				
1	OVEIDO FL	, 00112 220	1	T ADDRESS			
CITY-ST-ZIP TITLE	CD	DELETE	1.4 CTY - 2.1 TITLE	51-ZP	CD5 Change Addition		
NAME	SINGLETON, MARK		2.2 NAME				
STREET ADDRESS	6075 BRECKINRIDGE BL	VD STE 440		T ADDRESS			
CITY-ST-ZIP	DULUTH GA	,_ ,,,	2. 4 CITY				
TITLE	S	▼ DELETE	3.1 TITLE	<u> </u>	Change Addition		
NAME	TROOP, MAXINE	•	3.2 NAM				
STREET ADORESS	3075 BRECKINRIDGE BL	VD-STE 440	3.3 STRE	T ADDRESS			
CITY-ST-ZIP	- DULUTH GA		3.4. CITY	-ST-ZIP			
TITLE	<u> </u>	DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAM	į			
STREET ADORESS			4.3 STRE	T ADDRESS			
CITY-ST-ZIP			4,4 CITY-	\$T-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5,2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition		
NAME			6,2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP 6.4 CI							
14. Thereby co	ertify that the Information supplied	ed with this filing does not qualify fo	or the exem	otion state	ted 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, prome an appear 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, prome an appear 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

407-366-5700