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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # LO

<ol> <li>Corporation I</li> </ol>									
KEY-TRAK	, INC.								
Principal Place	of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,				
1750 WEST BRO		1750 WEST BROADWAY		ļ					
SUITE 220		SUITE 220		DO NOT WRITE IN THIS SPACE					
OVIEDO FL 3276	5	OVIEDO FL 32765			3. Date Incorporated or Qua	lifed			
					11/24/1987				
2. Principal Pla	or of Business	2a. Mailing Address			4. FEI Number			Applie	
	C6 OI Dualliega	26			<u>59-2891004</u>			<del></del>	pplicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 🗆		5 Addi Requi	
22	`	27							
City & State		City & State			6. Election Campaign Finan	cing		<b>00</b> Ma led to F	
23		28	<u> </u>		Trust Fund Contribution  8. This corporation owes the	ourrent vea		<u> </u>	
Zip	Country	Zip	Country		Personal Property Tax.	s current you	Yes		No
24	25		30		10. Name and Address of I	New Registe	red Agent		
	9. Name and Address of Current	Registered Agent	81 N	ame					
OUE	N MARK				ss (P.O. Box Number is Not A	ccentable)			
QUEEN, MARK 1750 WEST BROADWAY STE 114			82 S	treet Addre	SS (P.O. BOX Number is Not it				
	00 FL 32765		83						
O VILL	30 12 32, 33						85	Zip Cod	de
(				ity			FLII	1	
office or re agent. I ar	o the provisions of Sections 607.050; gistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ithorized by the ida Statutes.  Registered Agent sk			accept the a			
	Signature, typed or printed name of registered agen		13.	nature required	ADDITIONS/CHANGES	O OFFICER	S AND DIRE	CTOR	S IN 12
12.	OFFICERS AN								
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90087 035 \*\*\*150.00

770-568-0850