


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 24 AM 9:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L93000000174			
BIZ TRACK CORP., L.C. 415 N STATE RD 7 MARGATE FL 33063		1a. Principal Place of Business Address 415 N STATE RD 7 MARGATE FL 33063			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/26/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0413911	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				02/26/1998	\$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
MILLER, JAMES B 415 N STATE RD 7 MARGATE FL 33063			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (DATE) _____ <small>(Registered Agent Accepting Appointment) (Not Required Agent's parties required when not filing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MILLER, JAMES B	415 N STATE RD 7		MARGATE FL	
MGR	ROBERT G. GORMAN JR.	415 N STATE RD 7		MARGATE FL	
		REMOVE THIS NAME			
300000279581031-9 -03/00/99-01081--025 ****188.75 ****188.75 dec					
1. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>James B. Miller</i> JAMES B. MILLER 2/22/99 954-972-0393					