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 # **M75979** **(8)**

1. Corporation Name

TRACT B, INC.

Principal Place of Business	Mailing Address
599 S COLLIER BLVD S214 MARCO ISLD FL 33937 US	599 S COLLIER BLVD P O BOX 512 MARCO ISLAND FL 33969-0512 US

3. Date Incorporated or Qualified: 04/05/1988	3a. Date of Last Report: 07/11/1995
4. FEI Number: 65-0040789	☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY J
% TREISER, KOEZA & VOLPE
801 12TH AVE SO, 4 FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Signature of new registered agent required if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: LESTER A. BOWEN		1.2 NAME	
STREET ADDRESS: 1371 CAXAMBAS CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP: MARCO ISLAND FL		1.4 CITY-ST-ZIP	
TITLE: C	☐ DELETE	2.1 TITLE	☒ Change ☒ Addition
NAME: POACH, EDWARD M JR.		2.2 NAME	
STREET ADDRESS: BUCKHANNON SHOP N' SAVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: BUCKHANNON WV		2.4 CITY-ST-ZIP	26201
TITLE: S	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME: RZACA, ELEANOR		3.2 NAME	
STREET ADDRESS: 1719 STURBRIDGE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP: SEWICKLY PA		3.4 CITY-ST-ZIP	15143
TITLE: P	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME: HENNING, TED G		4.2 NAME	
STREET ADDRESS: P O BOX 2615 NA		4.3 STREET ADDRESS	
CITY-ST-ZIP: MARCO ISLD FL		4.4 CITY-ST-ZIP	33969
TITLE: T	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME: NOTEN, ROBERT		5.2 NAME	
STREET ADDRESS: 1536 BLACKHORSE PIKE		5.3 STREET ADDRESS	
CITY-ST-ZIP: CARDIFF NJ		5.4 CITY-ST-ZIP	08232
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: 1/11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #