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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 34146-0512 US

3. Date Incorporated or Qualified: 04/05/1988
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business	21 599 S. Collier Blvd	2a. Mailing Address	26 599 S. Collier Blvd.
Suite, Apt. #, etc.	22 Suite 216	Suite, Apt. #, etc.	27 Suite 216
City & State	23 Marco Island, FL	City & State	28 Marco Island, FL
Zip / Country	24 34145 / 25 Collier	Zip / Country	29 34145 / 30 Collier

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIEBERFARB, STANLEY J % TREISER, KOSZA & VOLPE ~~801 12TH AVE SO, 4 FLOOR~~ 5001 Tamiami Trail N. #330 NAPLES FL ~~33940~~ 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POACH, EDWARD M JR.		1.2 NAME		
STREET ADDRESS	BUCKHANNON SHOP N' SAVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUCKHANNON WV		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RZACA, ELEANOR		2.2 NAME		
STREET ADDRESS	1719 STURBRIDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEWICKLY PA		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENNING, TED G		3.2 NAME		
STREET ADDRESS	P O BOX 2615 NA		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLD FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOTEN, ROBERT		4.2 NAME		
STREET ADDRESS	1536 BLACKHORSE PIKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARDIFF NJ		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (9/96)

14. 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 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: _____ 4/15/97 (941) 642-