


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M75979 (8)

1. Corporation Name
TRACT B, INC.

Principal Place of Business 599 S COLLIER BLVD 216 MARCO ISLD FL 33937 US	Mailing Address 599 S COLLIER BLVD 216 MARCO ISLAND FL 33969-0512 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 599 S. Collier Blvd Suite, Apt. #, etc. 22 216 City & State 23 MARCO Island, FL Zip 24 34145		2a. Mailing Address 26 599 S. Collier Blvd Suite, Apt. #, etc. 27 216 City & State 28 MARCO Island, FL Zip 29 34145		3. Date Incorporated or Qualified 04/05/1988	
Country 25 Collier		Country 30 Collier		4. FEI Number 65-0040789 Applied For Not Applicable	
9. Name and Address of Current Registered Agent LIEBERFARB, STANLEY J % TREISER, KOEZA & VOLPE Y001 TAMIMIA TR N #440 NAPLES FL 33940		10. Name and Address of New Registered Agent 81 Name Lieberfarb, Stanley J. 82 Street Address (P.O. Box Number Is Not Acceptable) 90 Treiser, Koeza & Volpe 83 4001 TAMIMI TRAIL N. # 330 84 City Naples 85 Zip Code 34103		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C POACH, EDWARD M JR. STREET ADDRESS BUCKHANNON SHOP N' SAVE CITY - ST - ZIP BUCKHANNON WV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S RZACA, ELEANOR STREET ADDRESS 1719 STURBRIDGE DR CITY - ST - ZIP SEWICKLY PA	1.2 NAME	
TITLE	P HENNING, TED G STREET ADDRESS P.O. BOX 2015 NA 1094 Whitehead Ct. CITY - ST - ZIP MARCO ISLD FL	1.3 STREET ADDRESS	
TITLE	T NOTEN, ROBERT STREET ADDRESS 1500 BLACKHORSE PIKE 6010 CITY - ST - ZIP CARDIFF N+ Egg Harbor Township, NJ.	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	1094 Whitehead Ct.
TITLE		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	6010 Blackhorse Pike
TITLE		4.4 CITY - ST - ZIP	Egg Harbor Township, NJ.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	

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.

SIGNATURE:



1/15/98 (941)642-3489

CR2E034 (10/97)