


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # N17508 1. Corporation Name TRACKING PROJECT, INC. | | | | | |
| Principal Place of Business 150 2nd Ave, North 12102 Lagoon Ste1500 Lane Treasure Island, FL 333706 | | Mailing Address | | 3. Date Incorporated or Qualified 10/24/1986 | |
| 2. Principal Place of Business | | 28. Mailing Address | | 4. FEI Number 59-2729723 | |
| 21. Suite, Apt. #, etc. | | 26. 8142 CAUSEWAY BLVD. So | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22. City & State | | 27. ST. PETERSBURG, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. Zip | | 28. 33707 | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Country | | 29. U.S. | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent Stokes, Suzanne M. 12102 Lagoon Lane Treasure Island, FL 33706 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81. Name Stokes, Suzanne M. | | |
| | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83. 127-120th Street | | |
| | | | 84. City Treasure Island FL 85. Zip Code 33706 | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | | | |
| SIGNATURE <i>Suzanne M. Stokes</i> 4/7/98 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 1.1 TITLE PD <input type="checkbox"/> DELETE | | | | | |
| 1.2 NAME Stokes, John D | | | | | |
| 1.3 STREET ADDRESS XXXXXXXXXXXXXXXXXXXX Corrales R | | | | | |
| 1.4 CITY-ST-ZIP Corrales, NM 87048 <input type="checkbox"/> DELETE | | | | | |
| 2.1 TITLE STD <input type="checkbox"/> DELETE | | | | | |
| 2.2 NAME Lusty, Elizabeth H. | | | | | |
| 2.3 STREET ADDRESS 8142 Causeway Blvd. So. | | | | | |
| 2.4 CITY-ST-ZIP St. Petersburg, FL 33707 <input type="checkbox"/> DELETE | | | | | |
| 3.1 TITLE D <input type="checkbox"/> DELETE | | | | | |
| 3.2 NAME Stokes, Suzanne M. | | | | | |
| 3.3 STREET ADDRESS 12102 Lagoon Lane | | | | | |
| 3.4 CITY-ST-ZIP Treasure Island, FL 33706 <input type="checkbox"/> DELETE | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 3.2 NAME D | | | | | |
| 3.3 STREET ADDRESS Stokes, Suzanne M. | | | | | |
| 3.4 CITY-ST-ZIP 127 120th Street | | | | | |
| 4.1 TITLE Treasure Island, FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE 7000002480307 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 6.2 NAME -04/22/98--01091--007 | | | | | |
| 6.3 STREET ADDRESS ***61.25 | | | | | |
| 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | |
| SIGNATURE: <i>John D. Stokes / Director</i> April 10, 1998 813-347-5494 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone | | | | | |

CR2E037 (10/97)