

FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003396 (8)

1. Corporation Name
RIGHT TRAK, INC.



Principal Place of Business Mailing Address
**166 N.E. 96 STREET
MIAMI FL 33138** **166 N.E. 96 STREET
MIAMI FL 33138-2726**

3. Date Incorporated or Qualified 3a. Date of Last Report
07/11/1994 **07/08/1996**

| | | | | | | | |
|--------------------------------|--|-----------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0503612 | | Applied For Not Applicable | |
| 21 Suite, Apt #, etc. | | 26 Suite, Apt #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip Country | | 28 Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

**BELLOWS, CHRISTOPHER N
701 BRICKELL AVENUE
MIAMI FL 33131-3209**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELLOWS, CHRISTOPHER N | 1.2 NAME | |
| STREET ADDRESS | 134 N.E. 102 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33138 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, LAWRENCE D | 2.2 NAME | |
| STREET ADDRESS | 134 N.E. 102 STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33138 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDMISTON, SUE | 3.2 NAME | |
| STREET ADDRESS | 9020 N.E. 8 AVENUE APT. J1 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33138 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sue Edmiston* **EDMISTON** 2/11/97 (305) 759-6646x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029434

CR2E037 (9/96)