

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003774 (4)

1. Corporation Name

NATIONAL TRACKING & CADAVER RECOVERY, INC.

Principal Place of Business

2045 BELCHER RD  
PALM HARBOR FL 34683

Mailing Address

2045 BELCHER RD  
PALM HARBOR FL 34683-7108

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1996		3a. Date of Last Report none	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3401163		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MOORE, KAKIE  
2045 BELCHER RD  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TANUA SANBORN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	108-501 Melanie	1.2 NAME	KAKIE MOORE D
STREET ADDRESS	Brandon, FL 33510	1.3 STREET ADDRESS	2845 BELCHER RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DENNIS CAUDLE D
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 506 NA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Harbor Springs, FL 34688
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KAREN TOMAS D
STREET ADDRESS		3.3 STREET ADDRESS	635 RIVERSIDE DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	000002051340-4 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	-01/08/97--01114--023
STREET ADDRESS		4.3 STREET ADDRESS	*****35.00 *****35.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	000002051340-4 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-02/26/97--01006--002
STREET ADDRESS		5.3 STREET ADDRESS	*****26.25 *****26.25
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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068721

CR2E037 (9/96)