## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000003774 (4)

NATIONAL TRACKING & CADAVER RECOVERY, INC.

Principal Place of Business Mailing Address			1 JODDÁNOL BLO LOUID DLAK DOKU BOLLI DDAK DYLLI BOK	)		
I make the age of a con-		2845 BELCHER RD PALM HARBOR FL 34683		3. Date Incorporated or Qualified 07/16/1996		
				4. FEI Number	Applied For	
				59-3401163	Not Applicable	
	ace of Business	2s. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21		26		5. Certificate of Status Desired	Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22 City & State		City & State		Trust Fund Contribution	Added to Fees	
23	•	28		7. Is this nonprofit corporation a homeowners	association? No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre		
24	25	29	30		Yes DA No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gent	
			81 Name	9		
MOORE, KAKIE				Address (P.O. Box Number is Not Acceptable)		
2845 BELOHER RD						
PALM H	<b>ARBO</b> R FL 34683		83			
			84 City	<b>P</b> 1	85 Zip Code	
11. Pursuant t	to the provisions of Sections 617 050	22 and 617 1509 Florida Ctatuta	the shows names	FL		
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's hoard 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 ag	ent and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating) DATE	<del></del>	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	T)	Change 🗹 Addition	
NAME	Moore, Kakie		1.2 NAME			
STREET ADDRESS	2845 BELCHER RD.		1.3 STREET ADDRESS			
CITY+ST-ZIP	PALM HARBOR FL 34683	Distre	1,4 CITY+ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition	
NAME OTRICET ADDRESS	CAUDLE, DENNIS P.O. BOX 506, N/A		2.2 NAME	2546 Limewood DR		
STREET ADDRESS	TARPON SPRINGS FL 34888		2.3 STREET ADDRESS	111170 01 34100		
CITY-ST-ZIP TITLE	8	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	HOMO PT 37670	Change Addition	
NAME	TOMAS, KAREN		3.2 NAME		T curings ET vacation	
STREET ADDRESS	635 RIVERSIDE DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4. CITY - ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	!		
CITY-ST-ZIP			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 TITLE	——————————————————————————————————————	☐ DELETE	5.4 CITY-ST-ZIP		Change 1 4 duis:	
NAME	•		6.1 TITLE		_ Change	
STREET ADDRESS			6.2 NAME	•		
CITY-ST-ZIP			6.3 STREET ADDRESS			
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZIP the exemption state	Led in Section 119.07(3)(i), Floride Statutes. I further certi	fy 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.						