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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007050

1. Corporation Name
TRACKER TEAMS INC.

Principal Place of Business
1370 MARSH FERN ROAD
MIMS FL 32754

Mailing Address
1370 MARSH FERN ROAD
MIMS FL 32754



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3561482	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

COWART, ELTON
1370 MARSH FERN ROAD
MIMS FL 32754

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ELTON COWART
STREET ADDRESS		1.3 STREET ADDRESS	1370 MARSH FERN RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIMS, FL 32754
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DALE COLEMAN
STREET ADDRESS		2.3 STREET ADDRESS	1149 GROVELAND ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT MOJA
STREET ADDRESS		3.3 STREET ADDRESS	1201 ALAFAYA TRAIL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DENNIS NORTH
STREET ADDRESS		4.3 STREET ADDRESS	6068 JESSICA DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	APPOKA, FL 32703
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 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, with all other like empowered.

SIGNATURE:

ELTON COWART, M.D. 4-4-99 (407) 349-1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)