

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90029 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007337

1. Corporation Name

FAST FORWARD TRAK CLUB, INC.

Principal Place of Business

P.O. BOX 10305
ST. PETERSBURG FL 33733-0305

Mailing Address

P.O. BOX 10305
ST. PETERSBURG FL 33733-0305

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/28/1998
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3550490
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OCHOA, MARIA
4584 10TH AVENUE NORTH
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	President/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Lorenzo S. Hogans
STREET ADDRESS		1.3 STREET ADDRESS	2600 Casilla Way South
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Gisela Covington
STREET ADDRESS		2.3 STREET ADDRESS	2675 22nd Ave South
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Arelia Parker
STREET ADDRESS		3.3 STREET ADDRESS	6880 16th Way South
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michael Wansley
STREET ADDRESS		4.3 STREET ADDRESS	5471 17th Way South
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Assistant Treasurer/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Glenda Williams
STREET ADDRESS		5.3 STREET ADDRESS	1701 66th Avenue South
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St Petersburg, FL 33712
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MARIA OCHOA
STREET ADDRESS		6.3 STREET ADDRESS	4584-10 Avenue North
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St Petersburg, FL 33713

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorenzo S. Hogans

4/14/99

Date

(27) 864-6649

Daytime Phone #

CR2E037 (1/98)