SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

TRAKKER MAPS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90006 047 ***550.00

DOCUMENT Corporation Name	√T #	P20	998

Mailing Address Principal Place of Business 12027 S.W. 117TH COURT 12027 S.W. 117TH COURT MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1988 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 65-0061214 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Yes ☐ No Intangible Personal Property. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MOYER, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 12027 S.W. 117TH COURT **MIAMI FL 33186** 83 84 City 85 Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 1.1 TITLE __ Change ___ Addition TITLE DELETE LANGENSCHEIDT, KARL E.T. 1.2 NAME NAME 80807 MUCHEN STREET ADDRESS 1.3 STREET ADDRESS **GERMANY GE** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE DOLGINS, STUART 2.2 NAME %46-35 54TH ROAD 2.3 STREET ADDRESS STREET ADDRESS MASPETH NY 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE DENKOWICZ, STEPHANIE 3.2 NAME NAME 90 PARK AVENUE 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 3.4 CITY-ST-ZIP CITY-ST-ZIP Change 4.1 TITLE Addition TITLE DELETE LANGENSCHEIDT, ANDREAS T 4.2 NAME NAME 4.3 STREET ADDRESS 80807 MUNCHEN STREET ADDRESS WEST GERMANY 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change Addition TITLE DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE TITLE DELETE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

7-1299

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 305-255-4485

(26/6)CR2E034