

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34715** (3)  
1. Corporation Name  
**FLORIDA DIVISION - TRAX INC.**



Principal Place of Business <b>1340 S. PERIMETER HIGHWAY ATLANTA GA 30349</b>	Mailing Address <b>1340 S. PERIMETER HIGHWAY ATLANTA GA 30349-5834</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>07/16/1991</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FLL Number <b>58-0875829</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 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

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	D	1.1 TITLE	Chairman
NAME	KATAOKA, M.	1.2 NAME	Morita, Noriki
STREET ADDRESS	200 E RANDOLPH DR STE 4838	1.3 STREET ADDRESS	1340 S. Perimeter Highway
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Atlanta, GA 30349
TITLE	DV	2.1 TITLE	Treasurer
NAME	ANABUKI, H.	2.2 NAME	Tyner, Deborah C.
STREET ADDRESS	245 PEACHTREE CENTER AVE	2.3 STREET ADDRESS	1340 S. Perimeter Highway
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30349
TITLE	D	3.1 TITLE	Director
NAME	OGAWA, HIROSHI	3.2 NAME	Todoroki, Tomikazu
STREET ADDRESS	4-2, OCHTEMACHI 1-CHOME	3.3 STREET ADDRESS	4-2, Ohtemachi 1-Chome
CITY-ST-ZIP	CHIYODA-KU TO	3.4 CITY-ST-ZIP	Chiyoda-ku, Tokyo, Japan
TITLE	DP	4.1 TITLE	
NAME	HUMPHREY, H.	4.2 NAME	
STREET ADDRESS	1340 S. PERIMETER HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	GRAY, GEORGE	5.2 NAME	
STREET ADDRESS	1340 S. PERIMETER HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	GRAY, GEORGE W	6.2 NAME	
STREET ADDRESS	1340 S PERIMETER HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	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 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.

SIGNATURE:

*[Signature]*

5/27/97

770-996-6800

CR2E034 (9/96)