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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042529 (6)

FILED Apr 18 1997 8:00am Secretary of State

Principal Place 11760 S.W. 103 MIAMI FL 3318	TRACKING SERVICES, INC e of Business 2ND STREET	Mailing Address 11760 S.W. 102ND STREE MIAMI FL 33186-2734	·		
				3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 02/02/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 58-2056368	Applied For Not Applicable
Suite, Apit	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Ζφ	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25 9. Name and Address of Curre	29	30		Yes No
KFI	LY, DAN	nt Nagistered Agent	81 Name	· · · · · · · · · · · · · · · · · · ·	1
11760 S.W. 102ND STREET MIAMI FL 33186			82 Street Addr 83	SUZANNE JOSEPH Address (P.O. Box Number is Not Acceptable)	
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or purities name of registered agent and title if applicable (NOTE Rephared Agent signature reduce) when rehistating) DATE					
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD SUZANNE H.	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	Joseph, Sufanne 11760 S.W. 102ND STREET		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI FL		1.4 CITY-ST-ZIP		1
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	KELLY, DANIEL M		2.2 NAME		
STREET ADDRESS	11760 SW 102 ST MIAMI FL		2.3 STREET ADDRESS		
CHY+ST-ZIP TITLE	MIAMITL	DELETE	2 4 City-ST-ZiP 3.1 TITLE		Change Addition
NAME:		- Arctic	3.2 NAME		coverage for inscinct
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
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-ZiF		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE		[Drrtie	6.2 NAME		C Annuale C Monthlou
NAME STOLET ANDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-S1-ZIP	w corble that the information supplie	ed with this files does not quali	6.4 CiTY-ST-ZiP	t in Section 119 07(3)(i) Florida Statute	e. I further certify that the

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 suppliemental 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UCOUNC H. JOSEPH. 2

4/15/9