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

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

**FILED** Apr 24 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000044514 (6) T.R.K.T., INC. Principal Place of Business Mailing Address 3188 LAKE WASHINGTON ROAD 3188 LAKE WASHINGTON ROAD MELBOURNE FL 33934 MELBOURNE FL 33934 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3184450 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JOHNSTON, TIMOTHY J 3188 LAKE WASHINGTON ROAD Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 33934 83 11. Pursuant to the provisions of Soctions 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. TIMOTHY J. JOHNSTON 4-16-98 SIGNATURE red when reinstaling) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITL F 11 TITLE JOHNSTON, TIMOTHY J. 1.2 NAME NAME 3188 LAKE WASHINGTON RD STREET ADDRESS 1.3 STREET ADORESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change TITLE 2.1 TITLE Addition JOHNSTON, RHONDA W. NAME 3188 LAKE WASHINGTON RD STREET ADDRESS 23 STREET ADDRESS MELBOURNE FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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.

Addition

Change

DELETE