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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
D:VISION OF CORPORATIONS

1996
DOCUMENT #

P93000062832 (9)

Corporation Name

AUDITRACK, INC.

Mailing Address Principal Place of Business 309 S-E MIZNER BLVD 309 S-E MIZNER BLVD SUITE 62 SLITTE 62 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1993 03/09/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principa! Place of Business 65-0478502 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 Oity & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Ζφ  $Z_{10}$ Yes No 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DONNEY, GENE D Street Address (P.O. Box Number is Not Acceptable) 82 309 S-E MIZNER BLVD 83 SUITE 62 **BOCA RATON FL 33432** 85 Zip Code City 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELFTE 1 1 TITLE TITLE DONNEY GENE D. 1.2 NAME NAME 309 S.E. MIZNER BLVD. # 62 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 City St-ZIP CITY - ST - ZIP Addition Change 2.1 TITLE TITLE DONNEY CARLA V. 2.2 NAME NAMÉ 309 S.E. MIZNER BLVD. # 62 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 2.4 CITY | ST-7IP CITY - ST-ZIP Addition Change DELETE 3 1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - \$1 - ZiP CHY-ST-ZIP ☐ Change Addition DELETE 4 1 Till E TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIP ☐ Change Add tron DELETE 5 1 TH LE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 Orl Y - ST - 7IP CITY-ST-ZIP Addition Change DELFTE 6 1 THE TITLE 6.2 NAME NAME 6.3 STEEL LADDRESS STREET ADDRESS 6.4 CUTY - ST - ZIP CITY - ST - ZIP

14. If do hereby certify that the information supplied will this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual upont 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 13 if changed, or or an attail bright with an address.

**SIGNATURE:** 

GNATURE AND TYPED OR DANTED TAME OF SIGNING OFFICER OF DIRECTOR

401-393-3816

CR2E034 (12/95)

**FILED** 

Secretary of State

May 01 1996 8:00 am