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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000062832 (9)

1. Corporation Name  
AUDITRACK, INC.



Principal Place of Business

Mailing Address

309 S-E MIZNER BLVD  
SUITE 62  
BOCA RATON FL 33432

309 S-E MIZNER BLVD  
SUITE 62  
BOCA RATON FL 33432-8004

2. Principal Place of Business

2a. Mailing Address

21 125 SE Mizner Blvd

26 125 SE Mizner Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 14

27 Suite 14

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip

Country

Zip

Country

24 33432

25 Palm Beach

29 33432

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONNEY, GENE D  
309 S-E MIZNER BLVD  
SUITE 62  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

125 SE Mizner Blvd

83 Suite 14

84 City Boca Raton

FL

85 Zip Code 33432

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 installing)

DATE

Gene Donney

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME DONNEY, GENE D.  
STREET ADDRESS 309 S.E. MIZNER BLVD. # 62  
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE  
1.2 NAME P. Gene D Donney  
1.3 STREET ADDRESS 125 SE Mizner Blvd. Suite 14  
1.4 CITY-ST-ZIP Boca Raton FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 its 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 checked, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 561-393-3876

Date

Daytime Phone #

CR2E034 (9/96)