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**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000062832 (9)

## **FILED** May 08 1997 8:00am Secretary of State

AUDITRACK, INC.					
Principal Place of Business	Mailing Address		"   10E1/08/318 1919 31/17 00/1/ 60/1/ 6	inter <del>sa</del> fii <b>n d</b> ilter t <u>land (bian (</u> j)in <u>l</u> i	184 L88)
309 S-E MIZNER BLVD	309 S-E MIZNER BLVD				
Suite 62 Boca raton fl 33432	SUITE 82 BOCA RATON FL 33432-60	04			
DOWN THINGS I'M SOUTH TO SEE		••	3. Date Incorporated or Qualified	3a. Date of Last Rep	ort
			09/09/1993	05/01/1996	
2. Principal Place of Business	2a. Mailing Address	n' 21.1	4. FEI Number	Appl	ied For
125 SE Migner	51W 26 125 DE M	Migner Blud	65-0478502		Applicable
Suite, Apt #, etc.	Suite, Apr. W, etc.	Ú	5. Certificate of Status Desired	\$8.75 Ad	
City & State	City & State		# Florier Compiler Florier	\$5.00 M	<del></del>
BOCA RATION FL	28 BOCA 8140	n th	Election Campaign Financing     Trust Fund Contribution	Added to	
Zip Country	2 1 Zip	Country	8. This corporation has liability for	or intangible tax under s. 1	99.032,
33434 25 1Alm 1		30 PAIN GLAC	Florida Statutes	Yes 🗆 No	
9. Name and Address of	Current Registered Agent	641 1	10. Name and Address of New I	Registered Agent	
DONNEY, GENE D		81 Name	1		
309 S-E MIZNER BLVD		82 Street Addr	ess (P.O. Box Number is Not Accept	able)	
SUITE 62		83 /25	JE MUZNER	0100	
BOCA RATON FL 33432		Just Sugar	le 19		
A 4		84 City 22	-a Rober	FL 85 Zip Co	de
1. Pursuant to the provisions of Sections 6	60V 0502 and 607.1508. Florida Statute	es the above-named corp	poration submits this statement for the	purpose of changing its	registered
<ol> <li>Pursuant to the provisions of \$e Itions 6 office or registered agent, of bont, in the agent. Fam familiar with, and all cept the</li> </ol>	State of Florida. Such change was a	uthorized by the corporati	ion's board of directors. I hereby acc	ept the appointment as re	gistered
1//1/1/1/	and Mariotts of, Section 607.0505, Pio			1/20/01	
SIGNATURE Signature typed or print of the other	area apent and title applicable (NOTE	: Registered Agent signature requir	ed when prinstaling)	DATE	<del></del>
2. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
HLE P	☐ DEFEATE	1.1 TITLE <b>2.</b>		<del>y</del>	Addition
DONNEY GENE-D.		1.2 NAME . 9	me o bonney	Blod. Su	16/11
TREET ADDRESS 309 S.E. MIZNER BLVD.		1.3 STREET ADDRESS	nn d donney 125 5E Migny Boca Anton	Pl Paul	7
ITY-ST-ZIP BOCA RATON FL. 33432	Z DELETE	1.4 CiTY - ST - ZiP	BOCA MATON	7	Addition
ITLF	C DECEIE	2.1 TITLE 2.2 NAME		C) Outside	MOONIUN
IAME Theft address		2.3 STREET ADDRESS			
orty-ST-ZIP		2.3 STREET AUDITESS			
11 ( - O1 - E1 )		■ 9 A CITY_S1.7IP			
TLE	DELETE	2.4 CITY-S1-ZIP 3.1 TITLE		☐ Change	Addition
	DELETE			☐ Change	Addition
AME	DELETE	3.1 TITLE		☐ Change	Addition
AME Treet Address	DELETE	3.1 TITLE 3.2 NAME		Change	Addition
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AME TREET ADDRESS 1TY - STZIF ILF AME		3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE			
AME TREET ADDRESS ITY - ST - ZIP ILF AME TREET ADDRESS	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change	Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR