

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 10, 1999 8:00 am  
Secretary of State

06-10-1999 90025 020 \*\*\*163.75

DOCUMENT # P94000019510

1. Corporation Name

TRACE ABILITY, INC.



Principal Place of Business

3041 PIONEER CIR.  
#268W  
FT. PIERCE FL 34982  
US

Mailing Address

3041 PIONEER CIR.  
#268W  
FT. PIERCE FL 34982  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

65-0497265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3041 PIONEER CIR  
Suite, Apt. #, etc.

2a. Mailing Address

26 3041 PIONEER CIR  
Suite, Apt. #, etc.

23 City & State

FT. PIERCE, FL

27 City & State

FT. PIERCE, FL

24 34982 25 US 29 34982 30 US

9. Name and Address of Current Registered Agent

SIEGMEISTER, RICHARD  
2685 S BAYSHORE DR  
SUITE 1100  
MIAMI FL 33133

81 Name

SIEGMEISTER, RICHARD

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

2701 S. BAYSHORE DR.

83

SUITE 602

84 City

COCONUT GROVE

FL

85 Zip Code

33133

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GOLDACKER, JOHN J  
STREET ADDRESS 8415 SW 107 AVE #268A  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD  
NAME GOLDRACKER, PEGGY L.  
STREET ADDRESS 3041 PIONEER CIR.  
CITY-ST-ZIP FT. PIERCE FL 34982

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME GOLDACKER, JOHN J.  
1.3 STREET ADDRESS 3041 PIONEER CIR.  
1.4 CITY-ST-ZIP FT. PIERCE, FL 34982

☒ Change

☐ Addition

2.1 TITLE S  
2.2 NAME GOLDACKER, PEGGY L.  
2.3 STREET ADDRESS 3041 PIONEER CIR.  
2.4 CITY-ST-ZIP FT. PIERCE, FL 34982

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

John J. Goldacker PRESIDENT

6-7-99

(561) 460-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)