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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400074499 (2)

## TRAK-TEK INCORPORATED

Principal Place of Business

Mailing Address

## **FILED** May 16 1997 8:00am Secretary of State



PALM BAY FL 32005			PALM BAY FL 32805-3411				
					3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last 6 05/01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number		pplied For
21		26			59-3278241		ot Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	÷	<del></del>			Additional
22		27	27		5. Certificate of Status Desired	Fee F	equired
City & State	ө	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax under	s. 199.032,
24				Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	egistered Agent	
HOL	LIDAY, MICHAEL D		:	81 Name			
	SARNO ROAD, STE. 19			82 Street Add	Iress (P.O. Box Number is Not Accepta	bla)	
	BOURNE FL 32935			Sileet Add	iless (F.O. Box Normber is Not Accepte	1016)	
				83			
							^
Į.				84 City		FL  85   Zip	Code
11. Pursuent	to the provisions of Sections 607	.0502 and 607.1508. Florida Statu	ites, the at	ove-named cor	poration submits this statement for the		its registered
office or	registered agent, or both, in the S	State of Florida. Such change was	authorized	t by the corpora	poration submits this statement for the ation's board of directors. I hereby acceptions	pt the appointment a	s registered
agent i a	am familiar with, and accept the c	obligations of, Section 607.0505, F	iorida Stat	ules.			
SIGNATURE	Signature, typed or printed name of registers	ad apont and title if applicable (AIC	TE: Book loves	t Apont ciposture room	Ired when roinstating)	DATE	
12.		B AND DIRECTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	DPS OFFICERS	DELETE	15 m	LF T	ADDITIONAÇOI MANDEO 10 OTT	☐ Change	Addition
NAME	SMITH, LAWRENCE E		1.2 NA				
7	1903 CEDAR LANE			REET ADDRESS			
STREET ADDRESS	MELBOURNE BEACH FL 3	2051		1			
CITY-ST-ZIP TITLE	DVT	DELETE	1 A CI 2/1 TI	TY-S1-ZIP		Change	Addition
1.5	SMITH, ROSEMARY C					C ovarige	ווטוווטוו נ
NAME	1903 CEDAR LANE		2.2 NA				
STREET ADDRESS	MELBOURNE BEACH FL 3	90£1	_,	REET ADDRESS			
CITY-ST-ZIP			2.41			Change	☐ Addition
TITLE	ONTH MOUNT E	☐ DELETE	3.1 Ti			∟ Unange	
NAME	SMITH, MICHAEL E		3,2 N/				
STREET ADDRESS	1061 JOHNSTON		3,3 \$1	REET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32909			TY-ST-ZIP		——————————————————————————————————————	
TITLE		☐ DÉLETE	4,1 TI			∐ Chànge	Addition
, NAME			4, 2 N	AME			
STREET ADDRESS			4,3 S1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP	F :		. <u> </u>
TITLE		DELETE	5,1 TI	ITE		Change	Addition
NAME			5,2 N	AME .			
STREET ADDRESS			5 3 51	REE1 ADORESS			
CITY-ST-ZIP			5 4 CI	TY-ST-7IP	•		
TITLE	<del></del>	DELETE	6;1 TI			Change	Addition
NAME			6,2 N				
STREET ADDRESS				REET ADDRESS			
I 1474	150						
CITY-ST-ZIP	d		6,4 CI	TY-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 angular eport 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 of trustely empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if annual report with any address.