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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000034532 (8) **DOCUMENT #**

TRA-KAR & ASSOCIATES, INC. Principal Place of Business Mailing Address 10595 N.W. 7 PLACE CORAL SPRINGS FL 33071 10595 N.W. 7 PLACE CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1995 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0574200 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 **EX**)es 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KELTS, TRACY 8113 NW 94TH LN 82 TAMARAC FL 33321 83 of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered probability in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607.0505, Florida Statutes. 11. Bursuant to the provision office or registered ag macu nted name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE D DELETE Change Addition 1.1 TITLE NAME KELTS, TRACY 1.2 NAME 10595 N.W. 7 PLACE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CITY-5 - 2IP TITLE DELETE 2.1 TITLE Addition NAME KELTS, KARMA P 2.2 NAME STREET ADDRESS 10595 N.W. 7 PLACE 2.3 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 2.4 CITY-ST ZIP TITLE DELETE 3.1 7171.6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-Zip 31010111124968**1**36ange DELETE 5.1 TITLE ■ Addition -04/22/38--01075--030 ***150.00 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

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 trusted 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 of the corporation with an address

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Tracil Kolts

4/15/08 (0511)10/15/02/07

Change

Addition

FILED

Apr 22 1998 8:00am

Secretary of State