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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026658 (0)

QUICK TRACK SOFTWARE, INC.

Principal Place of Business

Mailing Address

FILED May 28 1997 8:00am Secretary of State



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4004 8W 20TH STREET GAINESVILLE FL 32808				4004 SW 20TH STREET Gainesville FL 32808-3312								
								3. Date incorporated or Qualified 03/21/1996	3a. Da	le of I	ast Rep	orl
2. Principal Place of Business			2a. Mailing Address					4. FF1 Number	.1		Appli	od For
21			26					59-337/029	7 		Not A	pplicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0		Ţ	City & State				6. Election Campaign Financing			5. 00 ма	
23 Zip		unto	28	7	Count			Trust Fund Contribution	<u>- Ll</u>		oded to i	
25			29	Zip Count 30				This corporation has liability for i Florida Statutes	ntangible] Yes [nders 19	99.032,
	9, Name and Ac	dress of Current	Regis	tered Agent				10. Name and Address of New Re	gistered #	gent		
TILC	GHMAN, MICHAEL	•			В	1	Name					
	M SW 20TH STRE INESVILLE FL 326				8	2	Street Add	ress (P.O. Box Number is Not Acceptab	lo)			
į.	MILOVICEL I E OFO	•			8	3						
1					8	4	City		E1	85	Zip Co	de
11. Pursuant	to the provisions of 5	Sections 607 0502	and 6	07 1508 Florida Statu	des the abo	1	-named corr	poration submits this statement for the n	Urbese of	chan	aina its ri	onistorer
office or r	registered agent, or i	both, in the State of accept the obligati	f Florid	da. Such change was f, Section 607.0505. F	authorized l lorida Statut	hy es.	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	t the appo	ointmo	nt as req	gistered
SIGNATURE		,										
40	Signature typod or printed					Don	nt signature requi	and when reinstating)	DATE	DIDE	07000	N. 40
12.	PVŠT	OFFICERS AND	DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			N 12 Addilio
NAME	TILGHMAN, MIC	CHAFI		L. Den le	1,2 NAM						idingo E	naante
STREET ADDRESS	4004 SW 20TH						ADDRESS					
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NAME	TILGHMAN, MI	CHAEL			2.2 NAM	E						
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STREET ADDRESS								***165.00				
CITY-ST-ZIP					6.4 CITY	- 51	I-ZU'					

14. Ido 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corneration 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.

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