

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029437 (6)**

1. Corporation Name

**XERIUS TECHNOLOGIES, INC.**

NC 1/21/97

Name changed to Centrack International, Inc.



Principal Place of Business

**6121 TOWN COLONY DRIVE UNIT 718  
BOCA RATON FL 33433**

Mailing Address

**6121 TOWN COLONY DRIVE UNIT 718  
BOCA RATON FL 33433-1919**

See below

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>21045 Commercial Trail</b>	26 <b>21045 Commercial Trail</b>	<b>04/04/1996</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 <b>Suite 103</b>	27 <b>Suite 103</b>	<b>65-0656317</b>	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23 <b>Boca Raton, FL</b>	28 <b>Boca Raton, FL</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Zip	6. Election Campaign Financing	
24 <b>33486-1099</b>	29 <b>33486-1099</b>	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 <b>USA</b>	30 <b>USA</b>		

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDST</b>	1.1 TITLE	<b>DS</b>
NAME	<b>HARRIS, CYNTHIA L</b>	1.2 NAME	<b>Lofquist, Cynthia L. Harris-</b>
STREET ADDRESS	<b>6121 TOWN COLONY DRIVE UNIT 718</b>	1.3 STREET ADDRESS	<b>21045 Commercial Trail, #103</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486-1099</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>PDT</b>
NAME		2.2 NAME	<b>John J. Lofquist</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>21045 Commercial Trail, #103</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486-1099</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b>
NAME		3.2 NAME	<b>William S. Whiteside</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>21045 Commercial Trail, Suite 103</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486-1099</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b>
NAME		4.2 NAME	<b>Bromwell Ault</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>21045 Commercial Trail, #103</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486-1099</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	<b>300002180823</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-05/16/97--01019--002</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***165.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 supplementary 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 of the corporation; and that I executed 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 hereto.

SIGNATURE: \_\_\_\_\_ DATE: **4/28/97** DAYTIME PHONE #: **561-362-0570**

CR2E034 (9/96)