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 # P96000031574 (2)

COMPREHENSIVE ACCOUNTABILITY AND TRACKING SYSTEM 8, INC.

Luncibai Ma	ice of Business	Mailing Address			i sharraar tin tärin kirit fårit natti där	11 0 \$10\$ 1 11 0	i stamt Milit smæft MIMI (AM)	
6716 HEIDI I JACKBONVIL		6716 HEIDI ROAD Jacksonville FL 32277-2	2141					
					3. Date Incorporated or Qualified	3a. [)	ale of Last Report	
				i	04/05/1996	}	•	
2. Principal	Place of Business	2e. Mailing Address			4. FEI Number		Applied For	
21		26			59-888891	4	Not Applicat	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St.	ale	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip 29	Count 30	ry	8. This corporation has liability for Florida Statutes	intangible		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
D/	DANIEL, CHESTER				81 Name			
6716 HEIDI ROAD			8	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32277				83				
			В	3				
			8	4 City		FL	85 Zip Code	
11. Pursuar office of agent. I	nt to the provisions of Sections 607.0 registered agent, or both, in the Str am lambiar with, and accept the ob-	3502 and 607.1508, Florida Statulo ate of Florida, Such change was a digations of, Section 607.0505, Flo	es, the about the state of the	ve-named cor by the corpora es.	poration submits this statement for the patients board of directors. Thereby acceptions	of the app	pointment as registered	
SIGNATURE	Sy/nature, typed or printed name of registered	agent and title if approachie. (NOTE		gent signature requ	uired when reinstating)	DATE /	′ዓ7	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS ANI		
TITLE	D	DECETE	1.1 11716				Change Addition	
NAME	DANIEL, CHESTER		1.2 NAM	E.				
STREET ADDRESS			1.3 STRE	£1 ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY			~~~~~		
TITLÉ	D	☐ DELETE	2.1 1111.6	i			L_ Change Addition	
NAME	DANIEL, ETHINIA		22 NAM	·				
STREET ADDRESS	טאטח וטוטוח פו נפ			ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32277			'-SI-ZIP			——————————————————————————————————————	
TITLE		☐ DELETE	3.1 1111.6				Change Addition	

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 annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CHY-ST-7IP

3.4. CITY - \$1 - ZIP

4.1 11116

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 THEF

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

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Apr 29 1997 8:00am

Secretary of State