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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055125 (4)

INDUSTRIAL TRACKING SYSTEMS, INC.

FILED Mar 12 1998 8:00am Secretary of State



Principal Place	of Business	Maili	Mailing Address				t 1863/68) tif 1861 Bills Bottl antit antit antit antit antit antit atter bings sidte tings diet sant			
2460 NW 17 LANE #4 POMPANO BEACH FL 33064			2460 NW 17 LANE #4							
POMPANO B	BEACH FL 33064	P	ompano beach fi	L 33064		İ	DO NOT WRITE I	N THIS S	PACE	
						Ī	3. Date Incorporated or Qualified			
							06/26/1996			
2. Principal Pla	ace of Business	1	Aailing Address]	4, FEI Number			pplied For
[2]							65-0685690			iot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired			Additional Required
City & State		27	City & State		-		6. Election Campaign Financing			May Be
23		28	,							I to Fees
Zip	Country		'ip	Countr	у		8. This corporation owes or has paid	the curr	ent year tr	ntangible
24	25	29		30			Personal Property Tax due June 3			□ No
	g. Name and Address of Cu	rrent Registe	red Agent		1		10. Name and Address of New Reg	istered A	gent	
HA	ART, TIMOTHY			81	Na	me				
24		82	82 Street Address (P.O. Box Number is Not Acceptable)							
P(OMPANO BEACH FL 33064			-	<u></u>					
				83	'					
				84	City	у			85 Zip	Code
					<u>L</u> .		ration submits this statement for the pun's board of directors. I hereby accept	<u>FL</u>	ـــبــــــــــــــــــــــــــــــــــ	
SIGNATURE	n familiar with, and accept the o			OTF: Registered Ap		nature required	when reinstating)	DATE		
12.	OFFICERS	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND		
TITLE	D		☐ DEFELE	1.1 TITLE					Change	Additio
NAME	HART, TIMOTHY			1.2 NAME						
STREET ADDRESS	125 NW 45 AVENUE			1.3 STREE	T ADDRE	ESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 3	33442		1.4 CITY-	ST-ZIP					
TITLE	D		DELETE	2.1 TITLE					☐ Change	Addition
NAME	fundora, Jose L			2.2 NAME						
STREET ADDRESS	18995 NW 62 AVENUE	#202		23 STREE	T ADDRI	ESS		· ·		
CITY-ST-ZIP	MIAMI FL 33015		T course	2. 4 City	ST-ZiP	<u> </u>				4 2 200
TITLE			☐ DELETE	3.1 TITLE		ļ			☐ Change	Additi
NAME				3 2 NAME						
STREET ADDRESS				3 3 STREE						
CITY-ST-ZIP			DELETE	34. C/TY 4.1 TITLE		<u> </u>			Change	Additi
TITLE NAME			- Mittit	4.F IIILE						
STREET ADDRESS				4.2 KHAW		FSS				
CITY-ST-ZIP				4.4 CITY-						
TITLE			DELETE	5.1 TITLE	<u> </u>				☐ Change	Additi
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRE	ESS				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Additi
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDR!	ESS				
CITY-ST-ZIP				6.4 CITY-						
	ertify that the information supplic	ed with this file	ng does not qualify	for the exem	otion s	stated in S	ection 119.07(3)(i), Florida Statutes. I f	urther cer	rtify that th	e informatic

Thereby centry that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 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, at on an attachment with an address.

SIGNATURE: