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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000063017 (3)

1. Corporation Name

DATATRACK SOFTWARE, INC.



Principal Place of Business

3151 STATE ROAD 84  
FT. LAUDERDALE FL 33312

Mailing Address

3151 STATE ROAD 84  
FT. LAUDERDALE FL 33312-4819

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 2269 S. UNIVERSITY DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2269 S. UNIVERSITY DRIVE  
Suite, Apt. #, etc.

4. FEI Number

65-0694508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FLETCHER, BETTY S  
3151 STATE ROAD 84  
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name Graham Smith  
82 Street Address (P.O. Box Number is Not Acceptable)  
3201 Glendale Boulevard  
83  
84 City Ft. Lauderdale FL  
85 Zip Code 33312

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

Graham Smith, President 3/17/97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, BETTY S	
STREET ADDRESS	2269 SO UNIVERSITY DRIVE STE 225	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD Graham Smith
2.3 STREET ADDRESS	3201 Glendale Boulevard
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary/Treasurer STD
3.3 STREET ADDRESS	Barbara Stanley
3.4 CITY-ST-ZIP	2200 Taylor Street #206 Hollywood FL 33020
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, or on an attachment with an address.

SIGNATURE:

Graham Smith March 17, 1997 954-583-1972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)