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Apr 11 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 # P96000064870 (4)

1. Corporation Name
TRAC ECOLOGICAL CLEANING SYSTEMS OF BROWARD, INC



Principal Place of Business

2668 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062

Mailing Address

2668 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062-4940

3. Date Incorporated or Qualified

08/02/1996

3a. Date of Last Report

2. Principal Place of Business

21. 2000 Tigertail #8
Suite, Apt. #, etc.

22. Building 8
City & State

23. Dania, Florida 33004

24. 33004
Zip

25. USA
Country

2a. Mailing Address

26. Same
Suite, Apt. #, etc.

27. City & State

28. Zip

29. USA
Country

30. City

4. FEI Number

65-0686277

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	BERGERON, PAUL	
STREET ADDRESS	2668 EAST ATLANTIC BOULEVARD	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LECLERC, ROGER	
STREET ADDRESS	2668 EAST ATLANTIC BOULEVARD	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger Leclerc	
1.3 STREET ADDRESS	85 Gulfstream Rd. #210	
1.4 CITY - ST - ZIP	Dania, FL, 33004	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joe Messina	
2.3 STREET ADDRESS	4720 NW 2nd Ave suite D-103	
2.4 CITY - ST - ZIP	Boca Raton 33431	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input 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:

Roger Leclerc

ROGER LECLERC

4/7/97

(954) 920-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)