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 # 1. Corporation Name P96000077139 (9)

ACCUTRACK TRACKING SYSTEM, INC.

FILED Jul 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
3029 N.W. 28		3029 N.W. 28TH AVE.				
BOCA RATON FL 33434		BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE
	į					3. Date Incorporated or Qualified
	•					09/17/1996
2. Principal P	lace of Businoss	2a. Mailing Address	a. Mailing Address			4. FEI Number 6 100/11916 Applied For
21		26	 			APPLIED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	City & State	y & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country Zup		Cour	ntry		Trust Fund Contribution L. Added to Fees
24	25	<u></u> ⊢¬ · · · · · · · · · · · · · · · · · ·	30	iti y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24]	9. Name and Address of Curren		30			10. Name and Address of New Registered Agent
NI I	SSBAUM, HOWARD J ESQUIRE			B1	Name	
3029 N.W. 28TH AVE.					O+ + + + + +	
	CA RATON FL 33434			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	ON JUNIOR I'E GOTOT		İ	83		
			ļ	84 (City	■■ 85 Zip Code
			ţ		•	FL 1
11. Pursuant to the provisions of Scotions 697 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, 17 th State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and accept the obligations of Section 607-6305, Florida Statutes.						
SIGNATURE Signature typod or profest fibre Synogles trad title if up discribite (NOTE: Registered Agent signature required when reinstating) DATE						
12,		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD 7	☐ DELETE	1.1 TITLE		Ĭ	Change Addition
NAME	RIEBE, ROBERT		1.2 NA	ME		
STREET ADDRESS 100 EAST LINTON BOULEVARD		RD, SUITE 500-A	TE 500-A 1.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CIT	Y - S1 - 2	ZIP	
TITLE	VP .	☐ DELETE	2.1 717	LE		Change Addition
NAME	Furman, Ira			ME	1	
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT NY 11520			1Y-S1-	· ZIP	
TITLE	¥		3.1 TIT	LE		Change L Addition
NAME	***************************************		3.2 NA	ME		
STREET ADDRESS	•		3.3 STI	REET AD	ODRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	Brieze		TY-SI-	- ZIP	
TITLE		DELETE			İ	☐ Change ☐ Addition
NAME			4 2 NA			
STREET ADDRESS			4.3 STREET		DDRESS	
CiTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Distre	4.4 CITY-ST-		ZIP	D Observe D Oddistree
TITLE		☐ D€LETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS				REET AD		
CITY-ST-ZIP	- 	T DELETE .		Y-ST-7	ZIP	Character Laboratory
TITLE		☐ DEFELE .	6.1 111			700002578957 V V
NAME			6.2 NA			700002578997 V 67 -07/02/9801041039)//
STREET ADDRESS				reet ad		***150.00
CITY-ST-ZIP			6.4 CIT	Y-\$1-7	ZIP	· · · · · · · · · · · · · · · · · · ·

14. I 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 acceptor 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 attackment with an oddress