


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

FILED

Apr 07 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 # P96000091234 (0) 1. Corporation Name TRACSTAR SYSTEMS, INC.					
Principal Place of Business 719 W WINTER PARK STREET ORLANDO FL 32804			Mailing Address 719 W WINTER PARK STREET ORLANDO FL 32804-4801		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3411960	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PROVENCHER, JAMES 719 W WINTER PARK STREET ORLANDO FL 32804				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME PD MORRISON, STEVE					
1.3 STREET ADDRESS 1709 MESQUITE TRAIL					
1.4 CITY-ST-ZIP PLANO TX 75023					
2.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME VD PROVENCHER, DAVID					
2.3 STREET ADDRESS 3393 AMACA CIRCLE					
2.4 CITY-ST-ZIP ORLANDO FL 32837					
3.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME VD HADLEY, CHRIS					
3.3 STREET ADDRESS 2280 DISTRIBUTORS DR					
3.4 CITY-ST-ZIP INDIANAPOLIS IN 46241-5005					
4.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME VTD BRUMFIELD, CRAIG					
4.3 STREET ADDRESS 6201 SW 145TH STREET					
4.4 CITY-ST-ZIP MIAMI FL 33158					
5.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME VD MAYNARD, CHARLES					
5.3 STREET ADDRESS 1033 COLINA DRIVE					
5.4 CITY-ST-ZIP VILLA HILLS KY 41017					
6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME VSD PROVENCHER, JAMES					
6.3 STREET ADDRESS 719 W WINTER PARK STREET					
6.4 CITY-ST-ZIP ORLANDO FL 32804					
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: _____ JAMES R. PROVENCHER 407 246 0440 4-2-97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)