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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PROVENCHER, JAMES 719 W WINTER PARK STREET ORLANDO FL 32804				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 607.0507 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MORRISON, STEVE	1.2 NAME	MARTY NEGOSLOWSKI
STREET ADDRESS	2840 SPY GLASS COVE	1.3 STREET ADDRESS	2605 BOWIE
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	PLANO, TEXAS 72025
TITLE	VD	2.1 TITLE	
NAME	PROVENCHER, DAVID	2.2 NAME	
STREET ADDRESS	3393 AMACA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HADLEY, CHRIS	3.2 NAME	
STREET ADDRESS	2260 DISTRIBUTORS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46241-5005	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	
NAME	BRUMFIELD, CRAIG	4.2 NAME	
STREET ADDRESS	6201 SW 145TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	MAYNARD, CHARLES	5.2 NAME	
STREET ADDRESS	1033 COLINA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VILLA HILLS KY 41017	5.4 CITY-ST-ZIP	
TITLE	VSD	6.1 TITLE	
NAME	PROVENCHER, JAMES	6.2 NAME	
STREET ADDRESS	719 W WINTER PARK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	6.4 CITY-ST-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 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 VSD* JAMES R. PROVENCHER 4/2/98 407 849 0050

CR2E034 (10/97)