

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90175 038 ***150.00

0093171

DOCUMENT # P96000091234

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

3. Date Incorporated or Qualified
11/01/1996

4. FEI Number
59-3411960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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 D ☐ DELETE
NAME NEGOSLOWSKI, MARTY
STREET ADDRESS 2605 BOWIE
CITY-ST-ZIP PLANO TX 72025

TITLE VD ☐ DELETE
NAME PROVENCHER, DAVID
STREET ADDRESS 3393 AMACA CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

TITLE VD ☐ DELETE
NAME HADLEY, CHRIS
STREET ADDRESS 2260 DISTRIBUTORS DR
CITY-ST-ZIP INDIANAPOLIS IN 46241-5005

TITLE VTD ☐ DELETE
NAME BRUMFIELD, CRAIG
STREET ADDRESS 6201 SW 145TH STREET
CITY-ST-ZIP MIAMI FL 33158

TITLE VD ☐ DELETE
NAME MAYNARD, CHARLES
STREET ADDRESS 1033 COLINA DRIVE
CITY-ST-ZIP VILLA HILLS KY 41017

TITLE VSD ☐ DELETE
NAME PROVENCHER, JAMES
STREET ADDRESS 719 W WINTER PARK STREET
CITY-ST-ZIP ORLANDO FL 32804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR ☐ Change ☒ Addition
1.2 NAME THOMAS E. COOK
1.3 STREET ADDRESS 1140 AUDUBON PL
1.4 CITY-ST-ZIP ORLANDO FL 32804

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)