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

Mailing Address

36511 U.S. HIGHWAY 19 NORTH

PALM HARBOR FL 34684-1340

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

DOCUMENT # P96000098988 (4)

TRACK-IT, INC.

Principal Place of Business

PALM HARBOR FL 34884

STREET ADDRESS

CITY - ST-ZIP

36511 U.S. HIGHWAY 19 NORTH

12/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 -34 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes 25 29 Florida Statutes □ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRABER, RANDALL S 36511 U.S. HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 83 84 City 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. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE. 1.1 TITLE Change Addition GRABER, RANDALL S NAME 1.2 NAME 36511 U.S. HIGHWAY 19 NORTH STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(1Y - ST - Z(P DELETE TITLE 3.1 TILLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIF DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 101.€ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

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 eath; 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.