

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 OCT 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # 997000023529
1. Corporation Name
TRAC Investmensts Inc.

Principal Place of Business Mailing Address
959 North Street 959 North Street
Jacksonville, Florida 32211 Jacksonville, Fl 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 959 North Street Suite, Apt. #, etc.		2a. Mailing Address 26 959 North Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified March 17, 1997	
22 City & State 23 Jacksonville, Florida Zip 32211 Country 25 US		27 City & State 28 Jacksonville, Florida Zip 32211 Country 29 US		4. FEI Number 59-3432909 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 Robert A. Catanese 959 North Street Jacksonville, Florida 32211		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas R. Cox III 959 North Street Jacksonville, Florida 32211 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002674294--B -10/28/98--01047--018 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Robert A. Catanese 959 North Street Jacksonville, Florida 32211 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Robert A. Catanese 959 North Street Jacksonville, Florida 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Thomas R. Cox III

10/09/98

(904) 727-0022

CR2E034 (5/98)

TRAC INVESTMENT INC.
959 NORTH STREET
JACKSONVILLE, FLORIDA 32211
TEL (904) 727-0022
FAX (904) 727-0091

October 20, 1998

Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual report TRAC Investments Inc.

Dear Sir/Madam:

Please find enclosed a corporate annual report for TRAC Investments Inc. We never received or first notice being the address listed was our P.O. Box and that was closed. No notice was sent to our office on North Street. When I called I was told to fill out the form and write a letter explaining this problem. I appreciate your help in this matter.

Sincerely,

TRAC Investments Inc.



Robert A. Catanese

enclosures