

PER MAY 1ST IS \$550.00

CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000032213

1. Corporation Name
THRAK DEVELOPMENT CORPORATION

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90017 013 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5098 GREAT OAK LN. SANFORD FL 32771		Mailing Address P O BOX 470967 LAKE MONROE FL 32747-0967 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
9. Name and Address of Current Registered Agent BAESCH, DAVID R 5098 GREAT OAK LN. SANFORD FL 32771		30. Name and Address of New Registered Agent	
31. Name		32. Street Address (P.O. Box Number is Not Acceptable)	
33. City		34. City	
35. Zip Code		36. Zip Code	
37. State		38. State	
39. Date Incorporated or Qualified 04/09/1997		40. Date Incorporated or Qualified	
41. FEI Number 59-3440767		42. FEI Number	
43. Certificate of Status Desired <input type="checkbox"/>		44. Certificate of Status Desired <input type="checkbox"/>	
45. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		46. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
47. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Additional Fee Required \$8.75		50. Additional Fee Required \$5.00	
51. May Be Added to Fees		52. May Be Added to Fees	

1. 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)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.		14.	
1.1 TITLE	1.1 TITLE	1.1 TITLE	1.1 TITLE
1.2 NAME	1.2 NAME	1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE	2.1 TITLE	2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME	2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.1 TITLE	3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME	3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE	4.1 TITLE	4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME	4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.1 TITLE	5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME	5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.1 TITLE	6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME	6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 stated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R BAESCH

4/29/99 407 330 2826

CR2E034 (11/98)