

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90100 014 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000039029

1. Corporation Name

HITRAK SYSTEMS, INC.



Principal Place of Business 800 W CYPRESS CREEK RD STE 240 FT. LAUDERDALE FL 33309 US	Mailing Address 800 W CYPRESS CREEK RD STE 240 FT. LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/01/1997	4. FEI Number 65-0749252	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, GRAHAM 17708 CROOKED OAK AVENUE BOCA RATON FL 33487	10. Name and Address of New Registered Agent 81 Name SARUNAS RACKAUSKAS 82 Street Address (P.O. Box Number is Not Acceptable) CHAPMAN TECHNOLOGIES, INC. 83 800 W. CYPRESS CREEK RD., STE. 240 84 City FORT LAUDERDALE FL 85 Zip Code 33309
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11. Pursuant to the provisions of Sections 607.05(2) 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 of Sarunas Rackauskas) **(SARUNAS RACKAUSKAS)**

04/22/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME SMITH, GRAHAM		1.2 NAME
STREET ADDRESS 17708 CROOKED OAK AVENUE		1.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33487		1.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME SKOOG, JAMES		2.2 NAME
STREET ADDRESS 17708 CROOKED OAK AVENUE		2.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33487		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**RD
ROBERT W. CHAPMAN
800 W. CYPRESS CREEK RD., STE 240
FORT LAUDERDALE, FL 33309**

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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

(Signature of Sarunas Rackauskas)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

754 958 9000
Daytime Phone #

CR2E034 (1/98)

0289433