

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90111 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000026414

1. Corporation Name
ANTRACE, INC.



Principal Place of Business 10067 NORTHWIND COURT SPRING HILL FL 34608	Mailing Address 10067 NORTHWIND COURT SPRING HILL FL 34608
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1998

2. Principal Place of Business 21 4377 Commercial Way	2a. Mailing Address 26	4. FEI Number 59-3504277	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Spring Hill, FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 34606	25 Country U.S.A.	29 Zip	30 Country
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CUMMINGS, TRACY 10067 NORTHWIND COURT SPRING HILL FL 34608	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
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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 President <input type="checkbox"/> DELETE	1.1 TITLE President <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Tracy Cummings	1.2 NAME
STREET ADDRESS 10067 Northwind Ct. Spring Hill FL 34608	1.3 STREET ADDRESS 10067 Northwind Ct. Spring Hill, FL 34608	CITY-ST-ZIP Spring Hill, FL 34608	1.4 CITY-ST-ZIP
TITLE Vice President <input type="checkbox"/> DELETE	2.1 TITLE Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Anita Hewitt	2.2 NAME
STREET ADDRESS 4149 S. Winding Oaks Dr. Homosassa FL 34446	2.3 STREET ADDRESS 4149 S. Winding Oaks Dr. Homosassa FL 34446	CITY-ST-ZIP Homosassa FL 34446	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE	STREET ADDRESS	3.2 NAME
NAME	3.2 NAME	CITY-ST-ZIP	3.3 STREET ADDRESS
STREET ADDRESS	3.3 STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
CITY-ST-ZIP	3.4 CITY-ST-ZIP	TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	4.1 TITLE	NAME	4.2 NAME
NAME	4.2 NAME	STREET ADDRESS	4.3 STREET ADDRESS
STREET ADDRESS	4.3 STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
CITY-ST-ZIP	4.4 CITY-ST-ZIP	TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	5.1 TITLE	NAME	5.2 NAME
NAME	5.2 NAME	STREET ADDRESS	5.3 STREET ADDRESS
STREET ADDRESS	5.3 STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
CITY-ST-ZIP	5.4 CITY-ST-ZIP	TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	6.1 TITLE	NAME	6.2 NAME
NAME	6.2 NAME	STREET ADDRESS	6.3 STREET ADDRESS
STREET ADDRESS	6.3 STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP
CITY-ST-ZIP	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: Tracy Cummings President Tracy Cummings 4/14/99 352-596-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)