

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90004 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060568

1. Corporation Name
CELLTRAX, INC.

Principal Place of Business 4325 WOODLAND PARK DR. SUITE 105 W. MELBOURNE FL 32304	Mailing Address 4325 WOODLAND PARK DR. SUITE 105 W. MELBOURNE FL 32304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 07/07/1998
21		26	4. FEI Number 59-3522776
22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Country	30	

9. Name and Address of Current Registered Agent

FOSTON, CARL D
150 W. FLAGLER STREET
SUITE 2500
MIAMI FL 33130

10. Name and Address of New Registered Agent

81	Name Rodney B. Bent
82	Street Address (P.O. Box Number is Not Acceptable) 4325 Woodland Park Dr. #105
83	
84	City W. Melbourne
85	Zip Code FL 32904

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

Rodney B. Bent

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

(NONE: Registered Agent signature required when reinstating)

4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENT, RODNEY B	1.2 NAME	Bent, Rodney B
STREET ADDRESS	4325 WOODLAND PARK DR. #105	1.3 STREET ADDRESS	4325 Woodland Park Dr. #105
CITY-ST-ZIP	W. MELBOURNE FL 32304	1.4 CITY-ST-ZIP	W. Melbourne FL 32904
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTZ, CHARLES M	2.2 NAME	Dugan, Linda N.
STREET ADDRESS	4800 LEJEUNE RD.	2.3 STREET ADDRESS	4325 Woodland Park Dr. #105
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	W. Melbourne FL 32904
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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:

Rodney B. Bent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

407-727-0200

Daytime Phone #

CR2E034 (11/98)

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