


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90001 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000071463</b>					
<b>1. Corporation Name</b> <b>DRIVER TRACKER INC.</b>					
<b>Principal Place of Business</b> 619 MOSS DRIVE ALTAMONTE SPRINGS FL 32714			<b>Mailing Address</b> 619 MOSS DRIVE ALTAMONTE SPRINGS FL 32714		
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> 21 <u>Same as above</u>			<b>2a. Mailing Address</b> 26 <u>Same as above</u>		<b>3. Date Incorporated or Qualified</b> 08/13/1998
Suite, Apt. #, etc.			Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-353-6920
<b>22</b> City & State			<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip			<b>28</b> Zip		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country			<b>29</b> Country		<b>8. This corporation owes the current year Intangible Personal Property.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. Name and Address of Current Registered Agent</b> HILL, MICHAEL S 619 MOSS DRIVE ALTAMONTE SPRINGS FL 32714			<b>10. Name and Address of New Registered Agent</b>		
<b>81</b> Name			Same		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			Same		
<b>83</b>			Same		
<b>84</b> City			FL		
<b>85</b> Zip Code			Same		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b> President	<b>NAME</b> Mike Hill	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 619 Moss Drive	<b>CITY-ST-ZIP</b> Altamonte Springs FL 32714		<b>1.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> Vice President	<b>NAME</b> Sheryl Canon	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 619 Moss Drive	<b>CITY-ST-ZIP</b> Altamonte Springs FL 32714		<b>2.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>2.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>3.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>3.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>4.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>4.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>5.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>5.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>6.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> DELETE	<b>6.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>SIGNATURE REQUIRED Michael Hill</u> <b>7-25-99</b> <b>(407) 671-0000</b>					
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					

CR2E034 (5/99)