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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S37968

(2)

TRAKEL INTERNATIONAL, INC.

FILED Jun 05 1997 8:00am Secretary of State



						<u> </u>
Principal Place of Business Mailing Address						FAIDIT AIGIT BIRIT BIRIF AIRIF BIRIT LOSS
42 READ'S WAY 2401 MANATEE AVE. W.						
SUITE A NEW CASTLE	DF 19720	BRADENTON FL 34205	4933			
THE TOTAL	DE 10/60				3. Date Incorporated or Qualified	3s. Date of Last Report
					03/11/1991	09/16/1996
2. Principal Place of Business 2a. Mailing			g Address		4. FEI Number	Applied For
21 Sittle Act # ate		26		59-3055900	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
City & State		27 City & State			Fee Required	
23	·				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip Country		try	8. This corporation has liability for		
24	25	29	30	•		Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	egistered Agent
CLE	ARY, KENNETH W		8	1 Name		
2401 MANATEE AVENUE WEST BRADENTON FL 34205				2 Street Add	iress (P.O. Box Number is Not Acceptal	ble)
			[6	13		
			 	4 City		B5 Zip Code
office or	registered agent, or both, in the State	02 and 607.1508, Florida Str e of Florida. Such change w	atutes, the abo as authorized	ove-named corpora	poration submits this statement for the l tion's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE			, Fioricia Statu	ies.		•
46	Signature, typed or printed name of registered ag			oper enulang a Inog	red when reinstaling)	DATE
12. TITLE	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 Titu	- T	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	CHAMBERS, TERRY A	DECENT	1.2 NAM			Change - C Accition
STREET ADDRESS	2 STONEHEDGE HOLLOW			ET ADORESS		
CITY-ST-ZIP	UNIONVILLE, ONT, CAN L3R3	Y . Q				
TITLE	O'MOTTILEE, O'TT, O'TT COTO	DELETE	2.1 TITL	-ST-ZIP		Change Addition
NAME			2.2 NAM	!		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				7-ST-ZIP		
TITLE	☐ DELETE		3.1 TITLE	 		Change Addition
NAME			3.2 NAM	Ε		
STREET ADDRESS				ET ADDRESS		
CITY-SY-ZIP			3.4. C(T)	'-ST-ZIP		
TITLE	DELETE		4 1 TITLE			Change Addition
NAME			4. 2 NAN	1E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 City	- ST - ZIP		
TITLE	☐ DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP		
TITLE		☐ DÉLETE	6.1 TITLE			Change Addition
NAME	İ		6.2 NAM	Ē		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	- ST - ZIP		

I do 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 turther 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 flusted 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.

441.550-1617