

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55481 (3)

1. Corporation Name
G/TRAC, INC.

Principal Place of Business 2241-A HAMMONDVILLE ROAD POMPANO BEACH FL 33069	Mailing Address 2241-A HAMMONDVILLE ROAD POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1991	3a. Date of Last Report 06/13/1994
4. FEI Number 65-0266856	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation is not liable for intangible tax under S. 199 (1)(2) Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 City & State 24 City & State	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State
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9. Name and Address of Current Registered Agent

GODDARD, FRANK W.
2959 FIRST AVE N
ST. PETERSBURG FL 33733-3576

10. Name and Address of Now Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY, ST, ZIP PST ORLANDO, DARIO 4374 S.W. 9TH AVE #271 POMPANO BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP D ORLANDO, DARIO 4374 S.W. 9TH AVE #271 POMPANO BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95
305/460 0774
TALLAHASSEE, FLORIDA