SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DE PARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (8)V61241 TRAC'R SOFTWARE, INC. Mailing Address Principal Place of Business 8910 N. DALE MABRY 8910 N. DALE MABRY 3a. Date of Last Report TAMPA FL 33614 3. Date incorporated or Qualified TAMPA FL 33614 US 03/21/1995 09/01/1992 US Applied For 4. FELNumber 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3128878 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Gamma$ Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip Yes No Florida Statutes 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAMPBELL, GENEVIEVE A. Street Address (P.O. Box Number is Not Acceptable) 82 8910 N DALE MABRY HWY **STE 27** 83 **TAMPA FL 33614** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutus, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE (NOTE: Pagestered Agent signature required when remotating) Signature type I is protected in the Changester Carpertand the happens to be ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 THE TITLE CR2E034 1.2 NAME CAMPBELL, GENEVIEVE A NAME 1.3 STREET ADDRESS 8910 N DALE MABRY HWY., STE. 27 STREET ADDRESS 1 4 C! (Y - ST - ZIP TAMPA FL CITY-ST-ZIP Change Addition DELETE 2.1 TPUE THILE 2.2 NAME CAMPBELL, JEFFORY G NAME 2.3 STREET ADDRESS 8910 N DALE MABRY HWY., #27 STREET ADDRESS 2 4 City - \$1-7P TAMPA FL CITY - ST-ZIP Change Addition DELETE 3.1 TiTLE TITLE 3.2 NAME NAME 3.3 STREFT ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP Change Addition CITY - ST - ZIF DELETE 4110108 TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - 71F CITY-SI-ZIP Change Addition DELETE 5 1 TIFLS TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY ST-ZIP CITY-S1-ZIP Change Addition DELETE 61 TiTLE TITLE 6.2 NAME NAME € 3 STHEET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this fiting 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 early, that I have not execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 in thick 13 if changed, or on an attachment with an address 64 CITY - ST - ZIP YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

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