

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9: 25

DOCUMENT # **N24790** (0)

1. Corporation Name
AMERICAN INSTITUTE OF DEFENSIVE DRIVING, INC.

Principal Place of Business Mailing Address
300 ROYAL PARK BLVD **2000 N MILITARY TRAIL**
ROYAL PALM BCH FL 33411 **SUITE 105**
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1988** 3a. Date of Last Report **08/30/1994**
4. FEI Number **65-0089317** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **300 Royal Palm Bch Blvd** **300 Royal Palm Beach Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Royal Palm Beach FL** **Royal Palm Beach, FL**
24 Zip 25 Country 29 Zip 30 Country
33411 **Palm Beach** **33411** **Palm Beach**

9. Name and Address of Current Registered Agent
SCHWACK BRUCE G.
300 ROYAL PALM BCH
ROYAL PALM BCH FL 33411

10. Name and Address of Now Registered Agent
81 Name **Linda Weissman**
82 Street Address (P.O. Box Number is Not Acceptable)
300 Royal Palm Beach Blvd.
83
84 City **Royal Palm Beach** FL 85 Zip Code **33411**

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, 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 *Linda Weissman*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE SCHWACK	1.2 NAME	
STREET ADDRESS	5420 N. OCEAN DR	1.3 STREET ADDRESS	DELETE: BRUCE SCHWACK
CITY-ST-ZIP	SINGER ISLAND FL 33404	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICH PALADINO	2.2 NAME	
STREET ADDRESS	51169 WOODSTONE CIR	2.3 STREET ADDRESS	TRICIA PALLADINO
CITY-ST-ZIP	LAKE WORTH FL FL 33463	2.4 CITY-ST-ZIP	5169 Woodstone Cir. E. Lake Worth, FL 33463
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO B. SCHWACK	3.2 NAME	
STREET ADDRESS	530 24TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK HENDERSON	4.2 NAME	
STREET ADDRESS	1935 REDBANK RD	4.3 STREET ADDRESS	DELETE: KIRK HENDERSON
CITY-ST-ZIP	JUNO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRY SCHWARTZ	5.2 NAME	
STREET ADDRESS	6732 PALERMO WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH 33467	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Weissman* **2/20/95**
Signature and typed or printed name of signing officer or director Date (Day/Month/Year)