

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 06 1996 8:00 am
Secretary of State

DOCUMENT # N24790 (0)
1. Corporation Name
AMERICAN INSTITUTE OF DEFENSIVE DRIVING, INC.



Principal Place of Business Mailing Address
300 ROYAL PALM BEACH BLVD
ROYAL PALM BCH FL 33411
US

3. Date Incorporated or Qualified **02/10/1988** 3a. Date of Last Report **03/09/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISSMAN, LINDA
300 ROYAL PALM BCH BLVD
ROYAL PALM BCH FL 33411

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEISSMAN, LINDA | 12 NAME | |
| STREET ADDRESS | 300 ROYAL PALM BCH BLVD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PALM BCH FL 33411 | 14 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HODGES, SUSAN | 22 NAME | |
| STREET ADDRESS | 100 NEW KENT COURT | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PALM BCH FL 33411 | 24 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLUCKIN, JENNIFER | 32 NAME | Cook, Jennifer |
| STREET ADDRESS | 9033 ARTIST PLACE | 33 STREET ADDRESS | 9033 Artist Place |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | 34 CITY-ST-ZIP | Lake Worth, FL 33467 |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 42 NAME | Palladino, Tricia |
| STREET ADDRESS | | 43 STREET ADDRESS | 5169 Woodstone Circle East |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | Lake Worth, FL 33463 |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | 000001854870 |
| STREET ADDRESS | | 53 STREET ADDRESS | -06/07/96--01009--037 |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | ***61.25 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 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 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 **4/30/96** **(407)-791-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)