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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29562 (8)

1. Corporation Name

AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION OF
FLORIDA, INC.

Principal Place of Business

Mailing Address

12522 US 301 N
UNIT 11
THONOTOSASSA FL 33592
USP. O. BOX 290580
TAMPA FL 33687-0580
US3. Date Incorporated or Qualified
12/06/19883a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 921 SHOTGUN RD

26 921 SHOTGUN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SUNRISE, FL

28 SUNRISE, FL

24 Zip 33326

Country

29 Zip 33326

Country

4. FEI Number

65-0142025

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORNSTINE, KAREN
12522 US 301 NORTH
UNIT 11
THONOTOSASSA FL 33592

81 Name DON HUMPHREY

82 Street Address (P.O. Box Number is Not Acceptable)
921 SHOTGUN ROAD

83

84 City

SUNRISE

FL

85 Zip Code

33326

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

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 PD
NAME BORNSTINE, KAREN E
STREET ADDRESS 12522 US 301 N UNIT 11
CITY-ST-ZIP THONOTOSASSA FL1.1 TITLE PD
1.2 NAME DON HUMPHREY
1.3 STREET ADDRESS 921 SHOTGUN ROAD
1.4 CITY-ST-ZIP SUNRISE, FL 33326TITLE VD
NAME HUBBARD, CONNIE
STREET ADDRESS 2818 PARKWAY STREET
CITY-ST-ZIP LAKELAND FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TSD
NAME BROWNLEE, ROBERT J
STREET ADDRESS 3100 NORTH WEST 7TH AVE
CITY-ST-ZIP MIAMI FL3.1 TITLE
3.2 NAME JOEL ENDERSON
3.3 STREET ADDRESS 8203 KIPLING STREET
3.4 CITY-ST-ZIP PENSACOLA, FL 32514TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049396

CR2E037 (9/96)