


FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29562** (8)

1. Corporation Name

**AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION OF
FLORIDA, INC.**



Principal Place of Business	Mailing Address
921 SHOTGUN RD. SUNRISE FL 33326 US	921 SHOTGUN RD. SUNRISE FL 33326 US

3. Date Incorporated or Qualified 12/06/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0142025	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 8203 KIPLING ST. City & State 23 PENSACOLA, FL. Zip 24 32514	25 Suite, Apt. #, etc. 26 8203 KIPLING ST. City & State 27 PENSACOLA, FL. Zip 28 32514 Country 29 U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HUMPHREY, DON 921 SHOTGUN RD. UNIT 11 SUNRISE FL 33326	

10. Name and Address of New Registered Agent	
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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PO <input type="checkbox"/> DELETE
NAME	HUMPHREY, DON
STREET ADDRESS	921 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL
TITLE	VO <input checked="" type="checkbox"/> DELETE
NAME	HUBBARD, CONNIE
STREET ADDRESS	2818 PARKWAY STREET
CITY-ST-ZIP	LAKELAND FL
TITLE	TSD <input type="checkbox"/> DELETE
NAME	ENDERSON, JOEL
STREET ADDRESS	8203 KIPLING STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	WHITNEY, ROBERT
2.4 CITY-ST-ZIP	4151 116 TERRACE NORTH CLEARWATER, FL. 34622
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: **6/19/98** **950-478-7011**

CR2E037 (10/97)