FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # F9700004919 (3)

ALL POINTS TRAFFIC SCHOOL INC.

FILED Feb 18 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address			TILL BARRE LATER HAND FAND LATER
7208 W. SAND LAKE ROAD STE 210		7208 W. SAND LAKE ROAD STE 210			
ORLANDO FL 32619		ORLANDO FL 32819	OND VIE EIV		
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		09/22/1997 4. FEI Number	Applied For
21	idos of Bosiness	26		59-3466962	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
└		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	***	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	OLFE, LARRY		I Name		
200-A JOHN KNOX ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TA	LLAHASSEE FL 32303-6643		83		
			80		
			84 City	FL	85 Zip Code
11 Pureuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Status	tes the shove named corn		
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, 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 607.0505, Florida Statutes.					
·	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO)	E: Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	THEBERGE, DANIELLE		1.2 NAME		
STREET ADDRESS	7132 ZAHARIAS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 ČITY-ST-ZIP		
TITLE	8	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	HERARD JR, GILLES		2.2 NAME		
STREET ADDRESS	7132 ZAHARIAS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP	<u> </u>	
TITLE	V CARTER PONALS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, RONALD		3.2 NAME		
STREET ADDRESS	4900 REGIS COURT ORLANDO FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
		[] DELLETE	4.1 TITLE		CHOUNTE CHANGING
NAME CIPIET APPRICE			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		DECEM	5.2 NAME		Change Production
STREET ADDRESS			5.3 TREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELET E	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		,
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1
	artify that the information cumplied	The filing close not qualify to		Section 119 07/3\(i) Florida Statutes further or	artifu that the information

In 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 supplimental 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 faceualty of true faceualty in true appears in Block 12 or Block 13 if changed, or on an attact your with an address.

1/1/98

UA 7 856 78 45