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

DOCUMENT # K

1998

K52342

(8)

TRAFFIC, INC.

Principal Place of Business

Maiting Address

FILED Mar 05 1998 8:00am Secretary of State



321 NW 26 STREET MIAMI FL 33127 US 321 NW 26 STREET MIAMI FL 33127 US					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 12/19/1988	SPACE		
2. Principal P 21 26/0	26. Mailing Address 26. 2610 NW	SNW 3rd Ave		4. FEI Number Applied Fo 59-2268839 Not Applied		pplied For of Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	ul FL	City & Grate	City & Syate		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 33127 Country		7 Zip 2127			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
GO	ODMAN, DAVID		81	Name				
1659 ISLAND WAY			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33332			83					
			-	Oit.			Codo	
			84	City	FL	85 Zip	Code	
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.								
SIGNATURE Storature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered ago OFFICERS AN		agislared Age	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	29 IN 12	
12.	P\$T	DELETE	1.1 TITLE		ADDITIONS/CITAINGLES TO OFFICE AS AN	Change	Addition	
NAME	GOODMAN, DAVID		1.2 NAME				_	
STREET ADDRESS	321 NW 26 STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1,4 CITY - S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	GOODMAN, DAVID							
STREET ADDRESS	321 NW 26 STREET		2.3 STREET	ADORESS				
CITY-ST-ZIP	<u>Miami Fl</u>		2. 4 CITY -	ST-ZIP		·		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP		- Drugge	3.4. CITY - 5	ST-ZIP		Change	Addition	
TITLE .		☐ DELETÉ	4.1 TITLE	}		Change	L AUGMEN	
NAME			4. 2 NAME	4000505				
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - S 5.1 TITLE	11-ZIP		Change	Addition	
		_ DECERT	5.2 NAME					
STREET ADDRESS	i		5.3 STREET	AUUREGG				
			5.4 CITY - S					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	, 211		☐ Change	Addition	
NAME		<u>-</u> · ···-	6.2 NAME			-		
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify for t	he exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further o	ertify that the	information	
indicated on this annual report of sopplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.								