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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M40540

AMERICAN TRAFFIC SERVICES, INC.

Principal Place of Business

% MARC NEVELOFF 320 S. STATE RD. #7, SUITE 4 Mailing Address

% MARC NEVELOFF 320 S. STATE RD. #7, SUITE 4

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90139 023 ***150.00



		PLANTATION FL 33317	t 4	DO NOT WRITE IN THIS SPACE		
PLANTATION FL 33317 PLANTATION FL 33317				3. Date Incorporated or Qualifed	-	
				10/24/1986		
2. Principal Pl	ace of Business	2a. Mailing Address	1 .	4. FEI Number Applied		
21	1º MARC NEVE	LOFFEE / MAVIN	EVELUI-			
Suite, Apt.		Suite, Apt. #, etc.	7165+	5. Certifcate of Status Desired \$8.75 Addition Fee Required		
City & State	BUTATION 15	City & State 28 PANTATI	ON F	6. Election Campaign Financing Trust Fund Contribution S.00 May 9 Added to Fee		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible		
24 232	25 25 05	A - 29 33325 3	30 VSA	Personal Property Tax.	٥	
	9. Name and Address of Cu	ırrent Registered Agent		10. Name and Address of New Registered Agent		
			81 Name	В		
NEVE	ELOFF, MARC A		82 Street	nt Address (P.O. Box Number is Not Acceptable)		
320 S. STATE RD. #7			02 011001			
SUIT	E 4		83			
PLANTATION FL 33317			94 05	85 Zip Code		
			84 City	FL s z code		
agent, I ai	Signature, typed openied name of registers	VIIIII	MARC NE	poration's board of directors. I hereby accept the appointment as registers **V#WFF** • required when reinstating) **ATE	_	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12	
TITLE	DP	□ DELETE	1.1 TITLE		Addition	
NAME	NEVELOFF, MARC A		1.2 NAME			
STREET ADDRESS	320 S. STATE RD 7		1.3 STREET ADDRESS	s	,	
CITY-ST-ZIP	PLANTATION FL		1,4 CITY-ST-ZiP			
TITLE	FLANIATION IL	☐ DELÉTÉ	2.1 TITLE	☐ Change ☐] Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	s		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐] Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	s		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐] Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	s	1	
CITY-ST-ZIP			4.4 CITY- ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	is		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		144.00	
TITLE		☐ DELETE	6.1 TITLE	☐ Change] Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	s		
CITY-ST-ZIP			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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an agriress. The all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

1199 954-748-550

CR2E034 (11/9