FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17362 (7)

1. Corporate Name

DRIVER IMPROVEMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~C/O 5609 56TH WAY~~ W. PALM BEACH FL 33409	~~C/O 5609 56TH WAY~~ W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1986	3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2736877	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc: 5605 56th Way	27 Suite, Apt. #, etc: % 5605 56th Way
23 City & State: WPB, FL	28 City & State: WPB, FL
24 Zip: 33407 25 Country	29 Zip: 33409 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARHAM, MARGARET W. ~~C/O 5609 56TH WAY~~ W. PALM BEACH FL 33409	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): ~~5605~~ 56th Way 83 84 City: **FL** 85 Zip Code: 33409

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	VD	41 TITLE	☐ Change ☐ Addition
32 NAME	NOLAN, MICHAEL F.	42 NAME	
33 STREET ADDRESS	6902 N.W. 18TH AVE.	43 STREET ADDRESS	
34 CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	
35 TITLE	PD	45 TITLE	☐ Change ☐ Addition
36 NAME	PARHAM, MARGARET	46 NAME	
37 STREET ADDRESS	5609 56TH WAY	47 STREET ADDRESS	
38 CITY ST ZIP	W. PALM BEACH FL	48 CITY ST ZIP	
39 TITLE	STD	49 TITLE	☐ Change ☐ Addition
40 NAME	WOPART, JAMES	50 NAME	
41 STREET ADDRESS	2224 SPRING RAIN DR	51 STREET ADDRESS	
42 CITY ST ZIP	CLEARWATER FL	52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 the 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.

SIGNATURE: MARGARET PARHAM _____ 4/26/95 407/687-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048201