

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17362 (7)

1. Corporation Name

DRIVER IMPROVEMENT ASSOCIATES, INC.



Principal Place of Business

Mailing Address

5605 56TH WAY
W. PALM BEACH FL 33409
US

C/O 5605 56TH WAY
W. PALM BEACH FL 33409
US

3. Date Incorporated or Qualified
10/16/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 431 VILLAGE BLVD SUITE 907-206

26 431 VILLAGE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WEST PALM BEACH, FL

27 SUITE 907-206

City & State

City & State

23

28 WEST PALM BEACH, FL

City & State

24

29 33409

Zip

30 Palm Beach

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARHAM, MARGARET W.
5605 56TH WAY
W. PALM BEACH FL 33409

81 Name MARGARET W. PARHAM
82 Street Address (P.O. Box Number is Not Acceptable)
5530 55TH WAY
83 WEST PALM BEACH
84 City
85 Zip Code
FL 33409

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

MARGARET W. PARHAM

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME NOLAN, MICHAEL F.
STREET ADDRESS 6902 N.W. 18TH AVE.
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME PARHAM, MARGARET
STREET ADDRESS 5605 56TH WAY
CITY-ST-ZIP W. PALM BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5530 55TH WAY
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE STD
NAME WOPART, JAMES
STREET ADDRESS 2224 SPRING RAIN DR
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

MARGARET W. PARHAM 6/2/96 407/687-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #