

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 06 1996 8:00 am
Secretary of State

DOCUMENT # **N24790** (0)

1. Corporation Name

AMERICAN INSTITUTE OF DEFENSIVE DRIVING, INC.

Principal Place of Business

Mailing Address

**300 ROYAL PALM BEACH BLVD
ROYAL PALM BCH FL 33411
US**

**300 ROYAL PALM BEACH BLVD
ROYAL PALM BCH FL 33411
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1988		3a. Date of Last Report 03/09/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0089317		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEISSMAN, LINDA 300 ROYAL PALM BCH BLVD ROYAL PALM BCH FL 33411				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, LINDA	12 NAME	
STREET ADDRESS	300 ROYAL PALM BCH BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BCH FL 33411	14 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, SUSAN	22 NAME	
STREET ADDRESS	100 NEW KENT COURT	23 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BCH FL 33411	24 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUCKIN, JENNIFER	32 NAME	SD
STREET ADDRESS	9033 ARTIST PLACE	33 STREET ADDRESS	Cook, Jennifer
CITY - ST - ZIP	LAKE WORTH FL 33467	34 CITY - ST - ZIP	9033 Artist Place
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	MD
STREET ADDRESS		43 STREET ADDRESS	Palladino, Tricia
CITY - ST - ZIP		44 CITY - ST - ZIP	5169 Woodstone Circle East
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	000001854870
CITY - ST - ZIP		54 CITY - ST - ZIP	-06/07/96--01003--037
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(407)-791-2700

CR2E037 (12/95)