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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41602

(6)

FILED Feb 03 1998 8:00am Secretary of State

FLORIDA OPERATION LIFESAVER, INC. Principal Place of Business * AAA JORDAN TRAFFIC, SAFETY TOO AAA DIRIVE - SON 78 * HEATHROW FL. 92746-5000 2. Firingal Place of Business 2. Molling Address 2. Sulfe, Apt. 4, etc. 2. Sulfe, Ap	1. Corporation Name								
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1000 AAA DRIVE - 90X 78	% AAA FLORIDA TRAFFIC SAFFTY & AAA ELODIDA TRACCIC CACCTY								
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2. Principal Place of Business 2a. Masling Address 59-3086432		L 32746-50 9 0) 8 0			- 1		
22	us		US						
Suite, Apr. F. etc Suite, Ap	2 Principal F	Place of Business	2a Mailing Address						
Suite, Apt. #, etc.		race of Dualifess	— ·					J. Certificate of Status Desired	
City & State City	Suite, Apt.	#, etc.						6. Election Campaign Financing \$5.00 May Be	
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HERBST, NATHALIE	24	1 1		30					
HERBST, NATHALIE		9. Name and Address of Currer	nt Hegistered Agent					10. Name and Address of New Registered Agent	
1000 AAA DRIVE - BOX 78 BOX 73 HEATHROW FL 32746-5080 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent, or advantage was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent, or advantage was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent, or advantage was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent, or both, in the State of Florida. Statutos. INTEL DELETE 1.1THLE DELETE 1.1THLE DIRECTORS IN 12 100 AAA DRIVE 1.2RMAE HERBST, NATHALIE 1.2RMAE 1.2RMAE 1.2RMAE 1.3 STREET ADDRESS 1.2 ST					81	Name			
BOX 78 HEATHROW FL 32746-5080 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered orfice 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 orfice or registered agent and tile if application. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D					82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	
HEATHROW FL 32746-5080 Ba									
T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purposition and some of 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 12.					83				
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 heroby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	HEATHF			84	City		85 Zip Code		
SIGNATURE							FL - -		
SIGNATURE	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								
SIGNATURE	agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
12 OFFICERS AND DIRECTORS NOTE: Registered Agent signature required when intensing) DATE									
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		ertify that the information supplied wi	ith this filing does not qualify for	the exe	r-SI mpti	-zir ion state	d in Se	ction 119.07(3)(i). Florida Statutes. I further certify that the information	

4. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

tallata VALLATEQUIRED

January 6, 1998 407/444-4137