SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25),

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

APPROVED AND FILED
1998 MAR 27 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014110

DOCUMENT # N93000002217 (8)

1. Corporation Name

HIGHWAY SAFETY AND MOTOR VEHICLES ADVISORY COMMI TTEE, INC.

Principal Place of Business	Mailing Address
DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES NEIL KIRKMAN BLDG / A-430 TALLAHASSEE FL 32399	DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES NEIL KIRKMAN BLDG / A-430 TALLAHASSEE FL 32399

3. Date Incorporated or Qualified: 05/13/1993

4. FEI Number: 59-3203247 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMBERT, SANDRA C
DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BLDG / A-430
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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: SANDRA C. Lambert — 08-05-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLAMANAN, MANUEL		1.2 NAME	
STREET ADDRESS	8155 WEST FLAGLER STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PLUMMER, J L		2.2 NAME	
STREET ADDRESS	3500 PAN AMERICAN DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SILVA, EDDIE		3.2 NAME	
STREET ADDRESS	9740 S.W. 124TH COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
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	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	($ Deposited by JT From DHSMV) ☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SCC 8-27-98

CR2E037 (5/98)

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

SIGNATURE: _____ 7/28/98 305/266-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N93000002217

CNPPPJT4 - 01 RUN DATE 08/21/1998 AS OF 08/21/1998 450000 00
SAMAS - CENTRAL ACCOUNTING PAGE 12

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 760000 - DEPARTMENT OF HIGHWAY SAFETY AND MOTOR V
SITE 00 - DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
(850)488-3319

SWDN D9000109709 ADOCNO V002882

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
76 20 2 009001 76200000 00 040000 00		25	4990	61.25	45 20 2 130001 45300000 00 000100 00 INVOICE # 9610		45	 61.25
TRANSACTION CODE TOTAL - 25		61.25		45 61.25				

TR96
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R2
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[illegible] ENTERED
AUG 24 1998