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 APR -6 AM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002458 (8)

1. Corporation Name

FLORIDA ASSOCIATION OF CONCERNED TRAFFIC SCHOOLS , INC.

Principal Place of Business	Mailing Address
1424 NW LEJEUNE RD MIAMI FL 33176 US	1424 NW LEJEUNE RD MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-3169100 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1145 COURT STREET	26 1145 COURT STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CLEARWATER, FL	28 CLEARWATER, FL.
24 Zip: 34616 / 25 Country: US	29 Zip: 34616 / 30 Country: US

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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARTZ, HOWARD 1424 NW LEJEUNE RD MIAMI FL 33126	81 Name: DIANE ROFFEY 82 Street Address (P.O. Box Number is Not Acceptable): 1145 COURT STREET 83 84 City: CLEARWATER FL 85 Zip Code: 34616

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: Diane Roffey DIANE ROFFEY, TREASURER 3/14/95
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLEY, JOEL R JR	12 NAME	JOHN SEGRETI	
STREET ADDRESS	1725 ART MUSEUM DR	13 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY SUIT 6000	
CITY-ST-ZIP	JACKSONVILLE FL 32207	14 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SEGRETI, JOHN	22 NAME	SONIA BERTON	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY STE 600	23 STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY SUIT 6000	
CITY-ST-ZIP	TAMPA FL 33607	24 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	EVANS, BETTY J	32 NAME	JOEL HOLLEY	
STREET ADDRESS	PO BOX 557549 N/A	33 STREET ADDRESS	1725 ART MUSEUM DRIVE	
CITY-ST-ZIP	MIAMI FL 33255-7549	34 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WEAVER, JACK	42 NAME		
STREET ADDRESS	2810 COUNTRYSIDE BLVD #6	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	ROFFEY, DIANE	52 NAME		
STREET ADDRESS	1145 COURT ST	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE	SD	☒ Change ☐ Addition
NAME	BERTON, SONIA	62 NAME	ROBERT PROECHEL	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY SUITE 600	63 STREET ADDRESS	1850 LEE ROAD, SUITE 127	
CITY-ST-ZIP	TAMPA FL 33607	64 CITY-ST-ZIP	WINTER PARK, FL. 32789	

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)(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: Diane Roffey DIANE ROFFEY 3/14/95 (813) 442-0233
SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR — Date — Daytime Phone #