

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001957 (9)
1. Corporation Name
THE NATIONAL DESIGNATED DRIVER FOUNDATION, INC.



Principal Place of Business 5007 96TH STREET NORTH ST. PETERSBURG FL 33709 US	Mailing Address P.O. BOX 48008 ST. PETERSBURG FL 33743 US
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2. Principal Place of Business 21		2a. Mailing Address 26 PD BOX 48008		3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 02/27/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3239709	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 33743-8008	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRAWFORD, KRISTIN 15740 HERMAN STREET SUITE A CLEARWATER FL 33708		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15710 Herman St #A 83 84 City FL 85 Zip Code 33742	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CRAWFORD, KRISTIN 15710 HERMAN STREET #A CLEARWATER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD CRAWFORD, ROBERT 11521 60TH STREET NORTHT PINELLAS PARK FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	11521 60th Street North
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SELVARAJAH, PRAKASH 4202 E FOWLER AVE - SOBER RIDE, USF CTR203 TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Patricia Forman
STREET ADDRESS		3.3 STREET ADDRESS	11 Commons Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palos Park, IL 60464
TITLE	D STELTER, TOM 400 S CATHERINE LA GRANGE IL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	793 Avenida Salvador
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Clemente, CA 92672
TITLE	D PADBERG, EILEEN 2081 BUSINESS CENTER DRIVE SUITE 180 IRVINE CA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SALVINO, MARK 570 ALBERDEEN FRANKFORT IL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Kristin Crawford* 3/11/97 813 546 7233

CR2E037 (9/96)