

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:38

DOCUMENT # P93000019256 (5)

1. Corporation Name

ALL AMERICA TRAFFIC SCHOOL INC.

Principal Place of Business

Mailing Address

1990 NORTHEAST 163RD STREET
SUITE 103A
NORTH MIAMI BEACH FL 33162

1990 NORTHEAST 163RD STREET
SUITE 103A
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
03/17/1994

2. Principal Place of Business

2a. Mailing Address

21 **2040 NE 163 St.**

26

4. FEI Number
65-0425814

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

Suite 201

SAME

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

North Miami Beach

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **FL 33162**

25 **USA**

29

30

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 Now Registered Agent

~~ROUTH, APPEL~~
~~FARAH & COMPANY CPA~~
APPELROUTH, FARAH & Co.
999 PONCE DE LEON BLVD, SUITE 625
CORAL GABLES FL 33134

81 Name **STEWART L. APPELROUTH**
82 Street Address (P.O. Box Number is Not Acceptable)
APPELROUTH, FARAH & Co., C.P.A.
83 **999 PONCE DE LEON BLVD. #625.**
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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

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

(NOTE: Registered Agent signature required when registering)

STEWART L. APPELROUTH

3/7/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VTSD**
NAME **CROCKER, MAROLYN B**
STREET ADDRESS **600 NW 7 AVE.**
CITY - ST - ZIP **MIAMI FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **2040 NE 163 St. Ste 201**
14 CITY - ST - ZIP **North Miami Beach FL 33162**

TITLE **PD**
NAME **TORRES, ENRIQUE T**
STREET ADDRESS **600 NW 7 AVE**
CITY - ST - ZIP **MIAMI FL 33128**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS **2040 NE 163 St. Suite 201**
24 CITY - ST - ZIP **North Miami Beach FL 33162**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marolyn B. Crocker - Marolyn B. Crocker 949-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/4/95