

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

98 OCT 14 AM 9:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P93000019256 (5)
 1. Corporation Name
 ALL AMERICA TRAFFIC SCHOOL INC.
 AMENDED

Principal Place of Business Mailing Address
 1843 N. PINE ISLAND RD.
 PLANTATION, FL. 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 3/15/93

4. FEI Number
 65-0425814 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 1843 N. PINE ISL RD. 26

22 Suite, Apt. #, etc.

23 City & State PLANTATION FL. 27 City & State

24 Zip 33322 25 Country U.S.A. 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 SCHIFFRIN, MICHAEL
 c/o MICHAEL SCHIFFRIN & ASSOC, P.A.
 150 S.E. THIRD AVE. #1400
 MIAMI, FL. 33131

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 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 _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VTSD DELETE
 NAME CROCKER, MAROLYN B.
 STREET ADDRESS 1843 N. PINE ISLAND RD.
 CITY-ST-ZIP PLANTATION, FL. 33322

TITLE PD DELETE
 NAME LAWLESS, RAYMOND
 STREET ADDRESS 1843 N. PINE ISLAND RD.
 CITY-ST-ZIP PLANTATION, FL. 33322

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD Change Addition
 NAME MEADOWS, DAVID
 12 NAME
 13 STREET ADDRESS 1843 N. PINE ISLAND RD.
 14 CITY-ST-ZIP PLANTATION FL. 33322

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS 500002667415--5
 -10/19/98--01129--002
 24 CITY-ST-ZIP *****61.25 *****61.25

31 TITLE Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS B. 10/16/98

6.4 CITY-ST-ZIP

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

SIGNATURE: David C. Meadows DAVID C. MEADOWS 106-98 954-434-4377
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)