


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90014 001 \*\*\*\*\*8.75  
 07-27-1999 90014 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000019256** ✓  
 1. Corporation Name  
**ALL AMERICA TRAFFIC SCHOOL INC.**



Principal Place of Business 1843 N PINE ISLAND RD PLANTATION FL 33322 US	Mailing Address 1843 N PINE ISLAND RD PLANTATION FL 33322 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3615 Hollywood Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 3615 Hollywood Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/15/1993	
22		27		4. FEI Number 65-0425814	
23 City & State Hollywood FL		28 City & State Hollywood FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip 33021		29 Zip 33021		30 Country US	
25 Country US		31 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent SCHIFFRIN, MICHAEL C/O MICHAEL SCHIFFRIN & ASSOCIATES, P.A 150 SE THIRD AVE., #1400 MIAMI FL 33131				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHIFFRIN, MICHAEL C/O MICHAEL SCHIFFRIN & ASSOCIATES, P.A 150 SE 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	
				85 Zip Code FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, MAROLYN B	1.2 NAME	
STREET ADDRESS	2040 N.E. 163 ST., STE. 201	1.3 STREET ADDRESS	3615 Hollywood Blvd
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	Hollywood FL 33021
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, DAVID	2.2 NAME	
STREET ADDRESS	1843 N PINE ISLAND RD	2.3 STREET ADDRESS	3615 Hollywood Blvd
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	Hollywood FL 33021
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: MAROLYN B CROCKER Crocker 7/5/99 954 961-5300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

596328-90014-1

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# ALL AMERICA TRAFFIC SCHOOL

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Presidential Plaza  
3615 Hollywood Boulevard, Florida 33021

Telephone: (954) 961-5300  
Facsimile: (954) 989-5978

July 6, 1999

To Whom This Concerns:

Per my conversation today with Jane regarding no previous notice from the Department of State regarding our Annual Corporate Report filing, I was instructed by her to send a check in the amount of \$150.00.

I am also enclosing a check for \$8.75 for our Certificate of Status.  
If you have any questions, please feel free to contact me at 954-961-5300.

Thank you very much.

Sincerely,



Marolyn Crocker