FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

7441

1996 7-26-96 B - C

DOCUMENT # P93000037785 (1)

1. Corporation Name

ADVANCED TRAFFIC EDUCATION INC.

Principal Place of Business	Mailing Address
4001 NEWBERRY RD SUITE D4 GAINESVILLE FL 32607	4001 NEWBERRY RD SUITE D4 GAINESVILLE FL 32607

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 05/24/1993

3a. Date of Last Report: 04/21/1995

4. FEI Number: 59-3188392 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOSNELL, LEA A
2206 SW 95TH TER
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: Eve Pallone
82 Street Address (P.O. Box Number is Not Acceptable): 1708 NW 22nd Terr.
83
84 City: Gainesville FL 85 Zip Code: 32605

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: Eve Pallone (Signature, typed or printed name of individual) (Florida Registered Agent signature, if agent is changing)

DATE: 3.2.96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☑ DELETE	1.1 TITLE	PS	☐ Change ☑ Addition
NAME	GOSNELL, LEA ANNA		1.2 NAME	Barbara G. Sieger	
STREET ADDRESS	2206 S W 95 TERRACE		1.3 STREET ADDRESS	2340 NW 59th Terr	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville FL 32606	
TITLE	~~VS~~ PT	☐ DELETE	2.1 TITLE	PT	☑ Change ☐ Addition
NAME	PALLONE, EVE		2.2 NAME	Pallone, Eve	
STREET ADDRESS	812 N W 36 TERRACE		2.3 STREET ADDRESS	1708 NW 22nd Terr	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville FL 32605	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Eve Pallone Eve Pallone 3.2.96 904-371-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #