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# FILED
# Jan 23 1998 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

DOCUMENT # **P93000071242 (0)**

1. Corporation Name
**ACCURATE TRAFFIC COUNTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1014 LONG BRANCH LANE<br>OVIEDO FL 32765 | 1014 LONG BRANCH LANE<br>1500 S SEMORAN BLVD<br>OVIEDO FL 32765<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1993

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

4. FEI Number: 59-3217807 ☐ 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

**9. Name and Address of Current Registered Agent**

FRANCESCHINI, SANTIAGO
1014 LONG BRANCH LANE
OVIEDO FL 32765

**10. Name and Address of New Registered Agent**

81 Name: Santiago Franceschini
82 Street Address (P.O. Box Number is Not Acceptable): 920 Kerwood Circle
83
84 City: Oviedo FL 85 Zip Code: 32765

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: BEXAIDA Franceschini - Vice President — Bexaida Franceschini — 1/13/98
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 | D | ☐ DELETE | 1.1 TITLE | President | ☒ Change ☐ Addition |
| NAME | FRANCESCHINI, SANTIAGO | | 1.2 NAME | Santiago Franceschini | |
| STREET ADDRESS | 1014 LONG BRANCH LN | | 1.3 STREET ADDRESS | 920 Kerwood Circle | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | 1.4 CITY-ST-ZIP | Oviedo, Fl. 32765 | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | Vice President | ☒ Change ☐ Addition |
| NAME | FRANCESCHINI, BEXAIDA | | 2.2 NAME | BEXAIDA Franceschini | |
| STREET ADDRESS | 1014 LONG BRANCH LANE | | 2.3 STREET ADDRESS | 920 Kerwood Circle | |
| CITY-ST-ZIP | OVIEDO FL | | 2.4 CITY-ST-ZIP | Oviedo, Fl. 32765 | |
| 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 (10/97)

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:** Bexaida Franceschini V.P. — 1/13/98 — (407) 359-0962