FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 21 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010107 (8)**

1. Corporation Name
ALL FLORIDA TRAFFIC SCHOOL, INC.

Principal Place of Business	Mailing Address
1990 NE 163RD ST. SUITE 103A NORTH MIAMI BEACH FL 33162	1990 NE 163RD ST. SUITE 103A NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2040 NE 163 St.
22 Suite, Apt. #, etc: Suite 201
23 City & State: North Miami Bch FL
24 Zip: 33162
25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0575324 ☐ 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

~~MORGENTALER, RICHARD~~
~~18305 BISCAYNE BLVD.~~
~~SUITE 201~~
~~NORTH MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: STEWART L. APPELROUTH
82 Street Address (P.O. Box Number is Not Acceptable):
83: 999 PONCE DE LEON BLVD #625
84 City: CORAL GABLES FL 65 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: STEWART L. APPELROUTH 7/1/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	TORRES, ENRIQUE T	12 NAME	
STREET ADDRESS	1990 NE 163RD ST., SUITE 103A	13 STREET ADDRESS	2040 N.E. 163 St. Suite 201
CITY ST ZIP	NORTH MIAMI BEACH FL 33162	14 CITY ST ZIP	North Miami Beach FL 33162
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	CROCKER, MAROLYN B	22 NAME	
STREET ADDRESS	1990 NE 163RD ST., SUITE 103A	23 STREET ADDRESS	2040 NE 163 St. Suite 201
CITY ST ZIP	NORTH MIAMI BEACH FL 33162	24 CITY ST ZIP	North Miami Beach FL 33162
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	900001521269
CITY ST ZIP		44 CITY ST ZIP	-06/23/95--01004--017
TITLE		51 TITLE	****208.75 ☐ ****208.75 Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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 Marolyn B. Crocker 4/4/95 949-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0170312 CP