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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000021350**1. Corporation Name

1999

DRIVER SAFETY PROGRAMS, INC.

Principal Plac	ce of Business	Ma	ailing Address				- 1	III DIKI DONE I	MIEL WHEIL MARIE		INF WIELL NOOL THEEL
			17-2 LITTLE RD EW PORT RICHEY FL 34654				OO NOT WR	ITE IN THIS	SPACE		
							3. Date Incorporate			OI AUL	
							03/08/1996	,			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number				Applied For
21		26			_		59-3364634				Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Stat	ue Desired		•	Additional
22		27								Fee	Required
City & Stat	te		City & State			•	6. Election Campaig				О мау Ве
Zip	Country	28	Zip	Col	untry		Trust Fund Contr				d to Fees
24	25	29	Zip	30	unu y		8. This corporation Personal Propert		rent year In	tangible □Yes	□No
24	9. Name and Address of Curre	1	tered Agent	30	1		10. Name and Addr		Registered		
	1 1 45 8				81	Name				9***	
	MAN, COY				82	Charat Addus	(D.O. Day M ba- i	- Nat A	-L1-1		
	7-2 LITTLE RD				02	Street Addre	ess (P.O. Box Number i	s Not Accept	able)		71. #1471 A
NEW	V PORT RICHEY FL 34654				83			10 10	1. [3]	######################################	
					84	C:t.	31,124	<u>(Balisali)</u>	11. 制度基础	25% 出版社	
	•••				84	City			FL	. [85] Zi	Code Code
11. Pursuant	to the provisions of Sections 607.05	502 and 60	07.1508, Florida St	atutes, the a	bove	e-named corpo	ration submits this state	ement for the	purpose of	changing intment as	ts registered registered
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig	gations of,	Section 607.0505,	Florida Stat	utes.	the corporation	n's board of directors. I	•			
agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	gations of,	Section 607.0505,	Florida Stat	utes.	the corporation	n's board of directors. I		, ,,		
agent. I a SIGNATURE	am familiar with, and accept the oblig	gations of,	Section 607.0505,	Florida Stat	utes.	•	when reinstating) 3 (\$\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}	•	DATE		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90031 011 ***150.00