

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 26 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 # P96000039780 (7)

1. Corporation Name

TRAFFIC BUILDERS OF AMERICA, INC.

Principal Place of Business

3590 NW 54TH ST
SUITE 6
FT LAUDERDALE FL 33309

Mailing Address

3590 NW 54TH ST
SUITE 6
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

65-0667546

Applied For

Not Applicable

6. 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

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 3590 NW 54TH ST | 26 3590 NW 54TH ST |
| 22 STE 9 | 27 STE 9 |
| 23 FT LAUDERDALE FL | 28 FT LAUDERDALE FL |
| 24 33309 | 29 33309 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

MCCARTNEY, SHARI L
600 S ANDREWS AVE
SUITE 503
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name MCCARTNEY, JAMES I.
82 Street Address (P.O. Box Number is Not Acceptable) 3590 NW 54TH ST STE 9
83
84 City FT LAUDERDALE FL 85 Zip Code 33309

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

JAMES I. MCCARTNEY

James I. McCartney

3/7/98

Signature typed or printed name of registered agent and title if applicable

(If D.C. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCARTNEY, JAMES I | |
| STREET ADDRESS | 3590 NW 54TH ST SUITE 6 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCARTNEY, MICHELLE | |
| STREET ADDRESS | 3590 NW 54TH ST SUITE 6 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCARTNEY, J. MICHAEL | |
| STREET ADDRESS | 3590 NW 54TH ST SUITE 6 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MCCARTNEY, JAMES I. | |
| 1.3 STREET ADDRESS | 3590 NW 54TH ST STE 9 | |
| 1.4 CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MCCARTNEY, MICHELLE | |
| 2.3 STREET ADDRESS | 3590 NW 54TH ST STE 9 | |
| 2.4 CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 in an attachment with an address.

SIGNATURE: J. McCartney J. MCCARTNEY 1/7/98 9547338105

CR2E034 (10/97)