

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**  
 09-13-1999 90003 013 \*\*\*558.75

UD63346

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000039780**  
 Corporation Name  
**TRAFFIC BUILDERS OF AMERICA, INC.**



Principal Place of Business  
**90 NW 54TH ST SUITE 9 LAUDERDALE FL 33309**

Mailing Address  
**3590 NW 54TH STREET SUITE 9 FT LAUDERDALE FL 33309 US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**26 90 NW 54TH ST SUITE 9 LAUDERDALE FL 33309**

2a. Mailing Address  
**28 3590 NW 54TH STREET SUITE 9 FT LAUDERDALE FL 33309 US**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip Country  
**25** **29**

3. Date Incorporated or Qualified  
**04/30/1996**

4. FEI Number  
**65-0667546**

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 the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
**MCCARTNEY, JAMES I  
 3590 NW 54TH STREET SUITE 9 FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS	
D MCCARTNEY, JAMES I 3590 NW 54TH ST SUITE 9 FT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE
D MCCARTNEY, MICHELLE 3590 NW 54TH ST SUITE 9 FT LAUDERDALE FL 33309	<input type="checkbox"/> DELETE
_____ _____ _____	<input type="checkbox"/> DELETE
_____ _____ _____	<input type="checkbox"/> DELETE
_____ _____ _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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 *[Signature]* J. MCCARTNEY 9/7/99 954-733-8105  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)