

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90136 006 ***150.00

DOCUMENT # P96000083535

1. Corporation Name

NEW START TRAFFIC SCHOOL, INC.



Principal Place of Business

699 S.W. 8TH TERRACE
BOCA RATON FL 33486

Mailing Address

699 S.W. 8TH TERRACE
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0701068

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2290 N.W. Boca Raton Blvd.

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Boca Raton FL

Zip

24 33431

Country

USA

25 Palm Beach

2a. Mailing Address

26 6138 Woodbury Rd.

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33433

Country

USA

30 Palm Beach

9. Name and Address of Current Registered Agent

QUIROGA, EDGARDO
699 S.W. 8TH TERRACE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

Quiroga, Edgardo

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

6138 Woodbury Rd.

83

Boca Raton

84 City

FL

85 Zip Code

33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME QUIROGA, EDGARDO
STREET ADDRESS 699 SW 8TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VPT ☐ DELETE

NAME QUIROJA, CAROL
STREET ADDRESS 699 S.W. 8TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME Quiroga, Edgardo
1.3 STREET ADDRESS 6138 Woodbury Rd.
1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE VPT ☒ Change ☐ Addition

2.2 NAME Quiroja, Carol
2.3 STREET ADDRESS 6138 Woodbury Rd.
2.4 CITY-ST-ZIP Boca Raton, FL 33433

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

561 416-7332

Daytime Phone #

CR2E034 (11/98)