## 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

## **DOCUMENT #** P97000043212

ACADEMY OF SAFE DRIVING, INC.

Principal Place of Business	Mailing Address	
1558 NE 162ND ST N. MIAMI BEACH FL 33162 US	1558 NE 162ND ST N. MIAMI BEACH FL 33162 US	

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90073 015 \*\*\*150.00



•							<b>                                 </b>
Principal Plac	e of Business	Mailing Address			+ 100110011 110 10111 10011 00111 00111 00111 FO	(f) <b>00</b> 701 <b>0</b> 1000 (1110 )100)	
1558 NE 162ND ST					DO AIGT WEITE I	N 7440 00405	
US		US			DO NOT WRITE IN	1 THIS SPACE	
					3. Date Incorporated or Qualifed 05/14/1997		
2. Principal F	Place of Business	2a. Mailing Addres	ss	<del></del>	4. FEI Number	- I Ar	oplied For
21		26	-		65-0769211	<del> </del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			\$8.75 /	
22		27			5. Certifcate of Status Desired	Fee Re	
City & Star	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	·		Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip		intry	8. This corporation owes the current y		
24	25	29	30	<del>,</del> -	Personal Property Tax.	Yes _	<b>Z</b> N0
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Regis	itered Agent	
STE	PHEN MANSON			OT Name			
	1 NE 172ND ST			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
NOF	RTH MIAMI BEACH FL 33162			83			
	•			84 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida	Statutes, the al	bove-named co	rporation submits this statement for the purp		registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change	was authorized	by the corpora	ation's board of directors. I hereby accept the	appointment as re-	gistered
	m tamilar with, and accept the obligati	ons of, Section 607.00	ios, riorda stati	Jies.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature requ	aired when reinstating)	ATE	—— ì
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D	☐ DEL	ETE 1,1 TIT	πE		☐ Change	☐ Addition
NAME	MANSON, STEPHEN		1.2 NA	ME			ĺ
STREET ADDRESS	4994 N.E. 470ND OT		1.3 ST	REET ADDRESS			
	1321 N.E. 172ND ST						
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	2		TY-ST-ZIP			
•		. □ DEL	1.4 CM		,	☐ Change	Addition
CITY-ST-ZIP			1.4 CM	πE		Change	Addition
CITY-ST-ZIP TITLE			1.4 CN ETE 2.1 TIT 2.2 NA	πE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· DEL	1.4 CM ETE 2.1 TM 2.2 NA 2.3 ST 2.4 CM	TLE  ME  REET ADDRESS  TY-ST-ZIP			-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			14 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CJ ETE 3.1 TT	TLE  WME  REET ADDRESS  ITY-S1-ZIP  TLE		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· DEL	1.4 CM ETE 2.1 TM 2.2 NA 2.3 ST 2.4 CM	TLE  WME  REET ADDRESS  ITY-S1-ZIP  TLE			-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		· DEL	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 2.4 CFT 3.1 TII 3.2 NA 3.3 ST	ILE  ME  REET ADORESS  ITY-ST-ZIP  ILE  ME  REET ADORESS			-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· DEL	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4. CF 3.4 CF	ILE  ME REET ADDRESS ITY-ST-ZIP  LE  ME REET ADDRESS ITY-ST-ZIP		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		· DEL	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA 4.3 ST	ILE  ME  REET ADORESS  ITY-ST-ZIP  LE  ME  REET ADORESS  ITY-ST-ZIP  LE  ME  REET ADORESS		Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME		· DEL	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 2.4 CCI ETE 4.1 TIT 4.2 NA 4.3 ST 4.4 CFT 5.1 TIT 5.2 NA	ILE MME REET ADORESS ITY-ST-ZIP REET ADORESS TY-ST-ZIP LE MME REET ADORESS Y-ST-ZIP LE MME REET ADORESS Y-ST-ZIP LE MME		. Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEL	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 3.4 CFT 4.2 NA 4.3 ST 4.4 CFT 5.1 TIT 5.2 NA 5.3 ST 5.4 CFT 5.4 CFT 5.4 CFT 5.4 CFT 5.4 CFT 5.5 CFT 5.4 CFT 5.5	TLE  MME  REET ADORESS  TTY-ST-ZIP  LE  MME  REET ADORESS  TY-ST-ZIP  LE  MME  REET ADORESS  TY-ST-ZIP  LE  MME  REET ADORESS  TY-ST-ZIP  LE  ME  REET ADORESS  TY-ST-ZIP  LE  ME  REET ADORESS  TY-ST-ZIP		Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NORTH MIAMI BEACH FL 3316	· DEL	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 3.4 CFT 4.2 NA 4.3 ST 4.4 CFT 5.1 TIT 5.2 NA 5.3 ST 5.4 CFT 5.4 CFT 5.4 CFT 5.4 CFT 5.4 CFT 5.5 CFT 5.4 CFT 5.5	ILE  ME  REET ADORESS  ITY-ST-ZIP  ILE  ME  REET ADORESS  ITY-ST-ZIP  LE  ME  REET ADORESS  IY-ST-ZIP  LE		. Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEL	1.4 CIT 2.2 NA 2.3 ST 2.4 CI ETE 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT 6.2 NA	ILE  ME  REET ADORESS  ITY-ST-ZIP  ILE  ME  REET ADORESS  ITY-ST-ZIP  LE  ME  REET ADORESS  IY-ST-ZIP  LE		Change	Addition Addition

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 the address, with all other like empowered.