

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90006 033 ***158.75

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1. Corporation Name

FLORIDA SCHOOL FOR TRAFFIC OFFENSES, INC.



Principal Place of Business

838 NORTHWEST 183 STREET #205
MIAMI FL 33169

Mailing Address

838 NW 183 STREET SUITE 205
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

65-0793154

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 18331 NW 7 Ave.

Suite, Apt. #, etc.

22 Miami FL

City & State

23 33169 Miami-Dade

Zip Country

24

2a. Mailing Address

26 18331 NW 7 Ave.

Suite, Apt. #, etc.

27 Miami, FL

City & State

28 33169 Miami-Dade

Zip Country

29 30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARRICK, HAROLD

STREET ADDRESS 838 NORTHWEST 183 STREET

CITY-ST-ZIP MIAMI FL 33169

TITLE ST ☐ DELETE

NAME GARRICK, CHERIANA

STREET ADDRESS 838 NORTHWEST 183 STREET

CITY-ST-ZIP MIAMI FL 33169

TITLE VP ☐ DELETE

NAME STEWART, ROBERT

STREET ADDRESS 838 NORTHWEST 183 STREET

CITY-ST-ZIP MIAMI FL 33169

TITLE V ☒ DELETE

NAME MCKENZIE, GEORGE

STREET ADDRESS 838 NORTHWEST 183 STREET

CITY-ST-ZIP MIAMI FL 33169

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 ☐ Change ☒ Addition

1.2 NAME D NEVILLE WILLIAMS

1.3 STREET ADDRESS 10210 SW 168 STREET

1.4 CITY-ST-ZIP MIAMI, FL 33157

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D MICHAEL LANGSHAW

2.3 STREET ADDRESS 18459 NW 9 COURT

2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME D

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:

H. Garrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(305) 690-9119

Daytime Phone #

CR2E034 (11/98)