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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62550 (6)

1. Corporation Name
DRIVER IMPROVEMENT CENTERS, INC.



Principal Place of Business
931 VILLAGE BLVD
SUITE 905-206
WEST PALM BEACH FL 33409
US

Mailing Address
931 VILLAGE BLVD
SUITE 905-206
WEST PALM BEACH FL 33409-1944
US

3. Date incorporated or Qualified 06/24/1991
3a. Date of Last Report 05/30/1996

2. Principal Place of Business
21 Suite Apt. # etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number 65-0283552
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PARHAM, MARGARET W.
5530 55TH WAY
SUITE 007-206
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name MICHAEL F. NOLAN
82 Street Address (P.O. Box Number is Not Acceptable) 931 VILLAGE BLVD, # 905-206
83 Suite 905-206
84 City W. Palm Bch FL 85 Zip Code 33409

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 Michael F. Nolan PRES Michael F. Nolan 4-28-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD - Change	1.1 TITLE	STD
NAME	PARHAM, MARGARET W.	1.2 NAME	PARHAM, MARGARET W.
STREET ADDRESS	931 VILLAGE BLVD., STE 905-206	1.3 STREET ADDRESS	931 VILLAGE BLVD, STE 905-206
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	W Palm Bch, FL 33409-1944
TITLE	STD - Change	2.1 TITLE	PD
NAME	NOLAN, MICHAEL F	2.2 NAME	NOLAN, MICHAEL F
STREET ADDRESS	6902 NW 18TH AVE	2.3 STREET ADDRESS	931 VILLAGE BLVD, STE 905-206
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	W. Palm Bch FL 33409-1944
TITLE	VD	3.1 TITLE	
NAME	WOPART, JAMES	3.2 NAME	
STREET ADDRESS	2224 SPRINGRAIN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Michael F. Nolan PRES 4-28-97 800/204-9052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)