

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**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90053 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # **V08129**

1. Corporation Name  
**TRAFFIC ACCIDENT SAFETY CONSULTING, INC.**

Principal Place of Business

**952 DICKENS PLACE  
WEST PALM BEACH FL 33411**

Mailing Address

**P.O. BOX 210186  
ROYAL PALM BCH FL 33421  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**01/22/1992**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P	<b>BAUGHMAN, CHENRY E.</b>	<input checked="" type="checkbox"/> DELETE
ST-ADDRESS	<b>952 DICKENS PLACE</b>	
ST-ZIP	<b>WEST PALM BCH FL</b>	
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ADDRESS		<input type="checkbox"/> DELETE

13.	1.1 TITLE	<b>Change</b>	<input type="checkbox"/> Addition
	1.2 NAME	<b>BAUGHMAN, CHENRY E.</b>	
	1.3 STREET ADDRESS	<b>12703 87<sup>th</sup> ST. N.</b>	
	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33412</b>	
	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 contained 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:

CR2E034 (11/98)