

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V72472 (6)

1. Corporation Name
ALL-FLORIDA TRAFFIC SCHOOL PLUS, INC.

Principal Place of Business
**1325 S. CONGRESS AVE.
SUITE 202
BOYNTON BEACH FL 33426**

Mailing Address
**1325 S. CONGRESS AVE.
SUITE 202
BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/21/1992

3a. Date of Last Report
08/15/1994

4. FEI Number
65-0366570

Applied For
 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Zip Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMERO, PROF. RALPH A, SR.
3490 HI STREET 10
LAKE WORTH FL 33461**

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 *Ralph A. Romero*
Signature, typed or printed name of registered agent and title if applicable

Ralph A. Romero DIRECTOR
NOTE: Registered Agent signature required when reinstating

4-21-95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
D

NAME
ROMERO, RALPH A PROF.

STREET ADDRESS
3490 HI STREET #10

CITY-ST-ZIP
LAKE WORTH FL 33461

1.1 TITLE Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of the corporation; and that my name appears in Block 9A or Block 10 if checked, or on an attachment with an address.

SIGNATURE: *Ralph A. Romero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PROF. RALPH A. ROMERO, SR.

4-21-95 (407) 736-5175
Date (During Office)