

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 23, 1999 8:00 am  
Secretary of State

04-23-1999 90044 035 \*\*\*158.75

DOCUMENT # V72472

1. Corporation Name

ALL-FLORIDA TRAFFIC SCHOOL PLUS, INC.

Principal Place of Business

1325 SOUTH CONGRESS AVENUE SUITE 202  
BOYNTON BEACH FL 33426

Mailing Address

1325 SOUTH CONGRESS AVENUE SUITE 202  
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1992

4. FEI Number

65-0366570

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

21 415 N. DIXIE SUITE 1  
Suite, Apt. #, etc.

2a. Mailing Address

26 415 N. DIXIE SUITE 1  
Suite, Apt. #, etc.

22 LAKE WORTH, FL  
City & State

27 LAKE WORTH, FL  
City & State

23 33460  
Zip

28 33460  
Zip

Country

24 PALM BEACH  
Country

Country

30 PALM BEACH  
Country

9. Name and Address of Current Registered Agent

PARHAM, MARGARET W  
1325 SOUTH CONGRESS AVENUE  
SUITE 202  
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 415 N. DIXIE SUITE 1

84 LAKE WORTH

FL

85 Zip Code  
33460

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 MARGARET W. PARHAM, PRES.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PARHAM, MARGARET W  
STREET ADDRESS 1325 SOUTH CONGRESS AVENUE SUITE 202  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE VSTD ☐ DELETE

NAME NOLAN, MICHAEL F  
STREET ADDRESS 931 VILLAGE BOULEVARD SUITE 905-206  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

415 N. DIXIE SUITE 1  
LAKE WORTH, FL 33460

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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: MARGARET W. PARHAM, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/99 (561) 588-3848

CR2E034 (1/1/98)