FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57814

(1)

CAIRO DRIVING SCHOOL, INC.

FILED Jan 22 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	2741124-7			- - 1	II AKUI EEEK UUUH I		
% MADELIN	E CRUZ	% MADELINE CRUZ	% MADELINE CRUZ						
270 W 28 S	ST	270 W 28 ST				DO NOT WORK IN THIS COLOR			
HIALEAH FL	_ 33010	HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
						01/12/1989			
2 Principal P	face of Business	2a. Mailing Address	Mailing Address			4. FEI Number	I IA	pplied For	
21	, dd	26				65-0116327		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional	
22	.,	27				5. Certificate of Status Desired		equired	
City & State	6	City & State				6. Election Campalgn Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the	current/year In	tangike (
24	25 29		30			Personal Property Tax due June 30.	L Yes L	J NO TO	
9. Name and Address of Current Registered Agent 81						10. Name and Address of New Register	ed Agent	<u> </u>	
CAIRO, MADELINE					Name				
	70 W. 28 ST.		82		Street Addres	ss (P.O. Box Number is Not Acceptable)			
Н	IALEAH FL 33010			83			.=		
				84	Cit.		OF Zin	Code	
					City		-L ` `		
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. It 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									
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				d Agent	signature required	ADDITIONS/CHANGES TO OFFICERS		BS IN 12	
TITLE	D		DELETE 1,1 TI			7.001110110,012.1100.10	Change	Addition S	
NAME	CRUZ, MADELINE	1.2 N			1		-		
STREET ADDRESS	2900-C WEST 3RD AVE.				DDRESS				
CITY-ST-ZIP	HIALEAH FL			TY-ST-	Ī			5	
TITLE		DELETE 2.1 TI					Change	Addition C	
NAME				AME				į	
STREET ADDRESS				rreet a	DORESS				
CITY-ST-ZIP			2. 4 C						
TITLE		DELETE 3.1 TO					Change	Addition	
NAME	3.2 N.		AME				ļ		
STREET ADDRESS			3.3 ST	REET A	DDRESS				
CITY-ST-ZIP	- ZIP		3.4. CI	3.4. CITY-ST-ZIP		•			
TITLE	DELETE 4.1 T		TLE		-	☐ Change	Addition		
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET A	DORESS				
CITY-ST-ZIP			4,4 CI	TY-ST-	-ZIP				
TITLE		DELETE	5.1 TIT	TLE			☐ Change	Addition	
NAME			5.2 NA	AME					
STREET ADDRESS			5,3 ST	REET A	DORESS				
CITY-SI-ZIP			5.4 CITY - S		ZIP				
TITLE		DELETE	6.1 717	TLE			Change	☐ Addition	
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	REET A	DORESS				
CITY-ST-ZIP			6.4 CF	TY-ST-	ZIP				
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	or the exe	emption	on stated in S	section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	e 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:

SIGNATURE REQUIRED

law 1-3-97

CHZEU34 (10/97)