

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002930 (2)**

1. Corporation Name

AMERICAN DRIVING INSTITUTE, INC.



Principal Place of Business 10400 GRIFFIN RD #208 COOPER CITY FL 33328		Mailing Address 10400 GRIFFIN RD #208 COOPER CITY FL 33328		3. Date Incorporated or Qualified 05/19/1997	
				4. FEI Number 65-0761355	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 2050 West 56th St.		2a. Mailing Address 26 2050 West 56th St #		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22 27		Suite, Apt. #, etc. 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23 Hialeah, FL		City & State 28 Hialeah, FL		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24 33016		Country 25 USA		Zip 29 33016	
				Country 30 USA	
9. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES, P.A. 2840 UNIVERSITY DR CORAL GABLES FL 33065				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	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President (P/T/D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARLOW, MICHAEL			1.2 NAME	Alison Fischlein		
STREET ADDRESS	10400 GRIFFIN RD #208			1.3 STREET ADDRESS	1842 Funston St.		
CITY-ST-ZIP	COOPER CITY FL 33328			1.4 CITY-ST-ZIP	Hollywood, FL 33020		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President (V/S/D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GALANTINI, KATHRYN			2.2 NAME	Michael Ingram		
STREET ADDRESS	10400 GRIFFIN RD #208			2.3 STREET ADDRESS	Rt 2 Box 44		
CITY-ST-ZIP	COOPER CITY FL 33328			2.4 CITY-ST-ZIP	Micanopy, FL 32667		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Director (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEREZ, PETER			3.2 NAME	Donna Calderon		
STREET ADDRESS	10400 GRIFFIN RD #208			3.3 STREET ADDRESS	23720 SW 147th Ave		
CITY-ST-ZIP	COOPER CITY FL 33328			3.4 CITY-ST-ZIP	Redlands, FL 33032		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Director (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Carol Ciappina		
STREET ADDRESS				4.3 STREET ADDRESS	2237 NW 107th Ave		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Pembroke Pines, FL 33028		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Director (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Lydia Flusser		
STREET ADDRESS				5.3 STREET ADDRESS	1250-9 McGregor Blvd		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alison Fischlein 3/4/98 954-680-3760

CR2E037 (10/97)