

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90024 019 \*\*\*\*61.25

DOCUMENT # N97000002930

Corporation Name

AMERICAN DRIVING INSTITUTE, INC.

Principal Place of Business

2542 TAYLOR STREET  
HOLLYWOOD FL 33020  
US

Mailing Address

2542 TAYLOR STREET  
HOLLYWOOD FL 33020  
US



\* 5 8 3 8 3 3 - 9 0 0 2 4 - 1 9 3 \*



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	05/19/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
Front	Front	65-0761355
City & State	City & State	Applied For
1	27	Not Applicable
Zip	Zip	5. Certificate of Status Desired
25	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
1	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
30		Trust Fund Contribution

9. Name and Address of Current Registered Agent

FISCHLEIN, ALISON  
2542 TAYLOR STREET  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	Alison Ingram
82 Street Address (P.O. Box Number is Not Acceptable)	2542 Taylor St - Front
83	
84 City	Hollywood
85 Zip Code	FL 33020

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	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHLEIN, ALISON	1.2 NAME	Alison Ingram
STREET ADDRESS	1842 FUNSTON ST	1.3 STREET ADDRESS	2542 Taylor St - Front
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VPDS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, MICHAEL	2.2 NAME	2542 Taylor St - Front
STREET ADDRESS	FT 2 BOX 44	2.3 STREET ADDRESS	Hollywood, FL 33020
CITY-ST-ZIP	MICANOPY FL 32667	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, DONNA	3.2 NAME	
STREET ADDRESS	23720 SW 147 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDLANDS FL 33032	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIAPPINA, CAROL	4.2 NAME	
STREET ADDRESS	2237 NW 107 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUGGER, LYDIA	5.2 NAME	
STREET ADDRESS	1250-9 MCGREGOR BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	5.4 CITY-ST-ZIP	
TITLE		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alison Ingram - President 6/30/99 954-923-6374

CR2E037 (5/99)

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

583833-90024-19  
 N97000002930

(STATE FILE NUMBER)

DATE RETURNED:

JUN 16 1999

RECORDED: BOOK

331 42

PAGE

ROBERT E. LOCKWOOD, CLERK OF COURT

BY *KV*, DEPUTY CLERK

ML-CE-99-004442

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

GROOM'S NAME (First, Middle, Last) <b>MICHAEL HERBERT INGRAM</b>			2. DATE OF BIRTH (Month, Day, Year) <b>DEC 04, 1958</b>		
RESIDENCE - CITY, TOWN, OR LOCATION <b>HOLLYWOOD</b>		3a. COUNTY <b>BROWARD</b>	3c. STATE <b>FL</b>	4. BIRTHPLACE (State or Foreign Country) <b>FLORIDA</b>	
BRIDE'S NAME (First, Middle, Last) <b>ALISON JOAN FISCHLEIN</b>			5a. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year) <b>APR 05, 1969</b>
RESIDENCE - CITY, TOWN, OR LOCATION <b>HOLLYWOOD</b>		7b. COUNTY <b>BROWARD</b>	7a. STATE <b>FL</b>	8. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Michael Herbert Ingram</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>JUN 03, 1999</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Alison Joan Fischlein</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>JUN 03, 1999</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>BROWARD</b>	18. DATE LICENSE ISSUED <b>JUN 03, 1999</b>	18a. DATE LICENSE EFFECTIVE <b>JUN 03, 1999</b>	19. EXPIRATION DATE <b>AUG 01, 1999</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE <b>DEPUTY CLERK</b>	20c. BY D.C.

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>June 13, 1999</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Hollywood</b>		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Daniel E. Gelatt Jr.</i>		23c. ADDRESS (Of person performing ceremony) <b>2221 N. 9th Ave. Hollywood, FL 33021</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Rev. Daniel E. Gelatt, Jr.</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

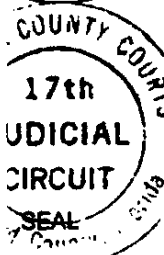
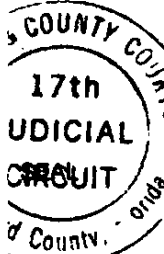
BROWARD COUNTY, FLORIDA

I certify this document to be a true and correct copy of the original  
 WITNESS MY HAND AND SEAL

JUN 16 1999

ROBERT E. LOCKWOOD, Clerk

BY *[Signature]*



SEAL