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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000069383 (2)

1. Corporation Name

DIOGUARDI SCHOOL OF DRIVING, INC.

Principal Place of Business

Mailing Address

81 TEAKWOOD CIR
TEQUESTA FL 33469

81 TEAKWOOD CIR
TEQUESTA FL 33469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	P.O. Box 4491	08/08/1997	
22	City & State	27	Tequesta, FL	4. FEI Number	
23	Zip	28	33469-9491	65-0773253	
24	Country	29		Applied For	
25		30		Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLICKMAN, GARRY M ESQ.
1601 FORUM PL, STE 1101
WEST PALM BEACH FL 33401

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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	1.1 TITLE	D/P
NAME	DIOGUARDI, EDMOND T JR.	1.2 NAME	DIOGUARDI, EDMOND T, JR.
STREET ADDRESS	81 TEAKWOOD CIR	1.3 STREET ADDRESS	81 TEAKWOOD CIR
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE		2.1 TITLE	VISIT
NAME		2.2 NAME	DIOGUARDI, MICHELLE M.
STREET ADDRESS		2.3 STREET ADDRESS	81 TEAKWOOD CIR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Edmond T. Dioguardi, Jr.

Edmond T. Dioguardi, Jr.
4-25-98

CP2E034 (10/97)