

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90014 017 ***150.00
 04-25-1999 90014 018 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000072761

1. Corporation Name
 DISCOUNT-DRIVING-SCHOOL, INC.

Principal Place of Business: POMPANO BEACH FL 33060
 Mailing Address: POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 185 N.E. 1ST AVENUE
 Suite, Apt. #, etc.
 22
 City & State
 23 Pampano Bch. Florida
 Zip Country
 24 33060 25 Broward
 2a. Mailing Address
 26 185 N.E. 1ST AVENUE
 Suite, Apt. #, etc.
 27
 City & State
 28 Pampano Bch. Florida
 Zip Country
 29 33060 30 Broward

3. Date Incorporated or Qualified
 4. FEI Number 65-085-8771 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. Yes No

9. Name and Address of Current Registered Agent
 PHILLOME MOTALET
 185 N.E. 1ST AVENUE
 POMPANO BEACH FL 33060

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 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 MOTALET Philome owner
 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	Owner <input type="checkbox"/> DELETE	1.1 TITLE	Owner <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motalet Philome	1.2 NAME	Motalet Philome
STREET ADDRESS	185 N.E. 1 ST AVENUE	1.3 STREET ADDRESS	185 N.E. 1 ST AVENUE
CITY-ST-ZIP	Pampano Bch. Florida 33060	1.4 CITY-ST-ZIP	Pampano Bch. Florida 33060
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MOTALET Philome
 Signature and typed or printed name of signing officer or director
 Date: 4-4-99 Daytime Phone #: 954-943-9260

CR2E034 (5/99)