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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

**FILED** Jan 26 1998 8:00am Secretary of State

| ANDES  | AUIOD                                   | HIVING SCHOOL                      | INCOHPURA           | EU                                     |                         |               |  |
|--|---|------------------------------------|---------------------|--|-------------------------|---------------|--|
| 6  | .10                                     |                                    | 11.9° A.1           |  |                         |               | [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| Principal Plac   |   | SS                                 | Mailing Address     |  |                         |               |  |
| 3575 BAYSHO<br>NAPLES FL 3   |   |                                    |                     | 3575 BAYSHORE DRIVE<br>NAPLES FL 34112 |                         |               |  |
| US   |   |                                    | US                  |  |                         |               | DO NOT WRITE IN THIS SPACE   |
|  |   |                                    |                     |  |                         |               | 3. Date Incorporated or Qualified 10/21/1991   |
| 2. Principal P   | lace of Busi                            | noss                               | 2a. Mailing Address |  |                         |               | 4. FEI Number Applied For  |
| 21   |   |                                    | 26                  |  |                         |               | 65-0297190 Not Applicable  |
| Suite, Apt. #, etc.  |   |                                    | Suite, Apt. #, etc. |  |                         |               | 5. Certificate of Status Desired \$8.75 Additional   |
| 22   |   |                                    | 27                  |  |                         |               | Fee Required   |
| City & State   |   |                                    | City & State        |  |                         |               | 6. Election Campaign Financing \$5.00 May Be   |
| Zip Country  |   |                                    | Zip Country         |  |                         |               | Trust Fund Contribution  |
| <b>—</b> `   | Country                                 |                                    | <u> </u>            | <del> </del>                           |                         | /             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No |
| 24   | g, Name and Address of Currer           |                                    | 29 30               |  | 101                     |               | 10. Name and Address of New Registered Agent   |
| CA.  | <del></del>                             |                                    |                     |  | 81                      | Name          | 10.  |
|  | NCHEZ, MI                               |                                    |                     |  |                         | ļ             |  |
| 3575 BAYSHORE DRIVE<br>NAPLES FL 34112   |   |                                    |                     |  | 82                      | Street A      | 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 |   |                                    |                     |  |                         |               |  |
|  | Signature, typed                        | d or printed name of registered ag |                     | HON                                    |                         | ent signature | required when reinstating) DATE  |
| 12.  | DP                                      | OFFICERS AN                        | ID DIRECTORS        | DELETE                                 | 13.                     |               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |
| TITLE  |   | E7 MAIEDA/A                        | L                   |  | 1.1 TITLE<br>1.2 NAME   |               | Change D Aubuun 1  |
| NAME   | SANCHEZ, MINERVA SS 3575 BAYSHORE DRIVE |                                    |                     |  |                         | . 400000      |  |
| STREET ADDRESS   | NAPLES                                  |                                    |                     |  |                         | ADDRESS       |  |
| CITY-ST-ZIP<br>TITLE   | INAT LEC                                | ) [L                               |                     | DELETE                                 | 1.4 CITY-1<br>2.1 TITLE | 51 - ZIP      | Change Addition  |
| NAME   |   |                                    | _                   |  | 22 NAME                 |               | C Orange C Francisco   |
| STREET ADDRESS   |   |                                    |                     |  | 2.3 STREET              | ADDRESS       |  |
| CITY-ST-ZIP  |   |                                    |                     |  | 2 4 CITY-               |               |  |
| TITLE  |   |                                    |                     | DELETE                                 | 3.1 TITLE               | <u> </u>      | Change Addition  |
| NAME   |   |                                    | _                   | -                                      | 32 NAME                 |               |  |
| STREET ADDRESS   |   |                                    |                     |  | 33 STRFE                | ADDRESS       |  |
| CITY-ST-ZIP  |   |                                    |                     |  | 3 4. CITY-              | ST-ZHF        |  |
| TITLE  | -                                       |                                    |                     | DELETE                                 | 4.1 TITLE               |               | Change Addition  |
| NAME   |   |                                    |                     |  | 4. 2 NAME               |               |  |
| STREET ADDRESS   |   |                                    |                     |  | 4.3 STREE               | ADDRESS       |  |
| CITY-ST-ZIP  |   |                                    |                     |  | 4.4 CITY-1              | ST - ZIP      |  |
| TITLE  |   |                                    |                     | DFLE <b>TE</b>                         | 5.1 1ITLE               |               | Change Addition  |
| NAME   |   |                                    |                     |  | 5.2 NAME                |               | M $I$  |
| STREET ADDRESS   |   |                                    |                     |  | 5.3 STREE               | ADDRESS       | 4h 1/2/10 1  |
| CITY-ST-ZIP  |   | <u> </u>                           |                     |  | 5.4 CITY - 5            | ST - ZIP      |  |
| TITLE  |   |                                    | L                   | DELETE                                 | 6.1 TITLE               |               | 5000024127 Pstange Addition -01/27/98-01024-006  |
| NAME   |   |                                    |                     |  | 6.2 NAME                |               | -01/27/9801024006  |
| STREET ADDRESS   |   |                                    |                     |  | 6.3 STREE               | ADDRESS       | ***150.00  |
| CITY-ST-ZIP  | L                                       |                                    |                     |  | 6.4 CITY - 5            | T - 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 proported 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 agoress.

11900010 Southon 1-14-98

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S88630 ANDES AUTO DRIVING SCHOOL INCORPORATED Principal Place of Business Mailing Address 3575 BAYSHORE DRIVE 3575 BAYSHORE DRIVE NAPLES FL 34112 NAPLES FL 34112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0297190 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANCHEZ, MINERVA 3575 BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34112 83 84 City 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 ared agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change \_\_\_ Addition DΡ 1.1 TITLE TITLE SANCHEZ, MINERVA 1.2 NAME NAME 3575 BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP ☐ DELETE Addition Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DFLETE 5.1 TITLE \_\_\_ Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 50000024127 Pshange DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME -01/27/98--01024--006 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*150.00

6.4 CITY - ST - ZIP

119 woods Sulchas

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CITY-ST-ZIP

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