

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035684 (4)

1. Corporation Name  
441 DRIVE THRU, INC.

Principal Place of Business  
2012 SW 7TH AVE  
OKEECHOBEE FL 34974

Mailing Address  
2012 SW 7TH AVE  
OKEECHOBEE FL 34974



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 N/A Suite, Apt., etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 558 n.w. Kilpatrick Ave Suite, Apt., etc. 27 Port St. Lucie, Florida City & State 28 Port St. Lucie, Florida Zip 29 34983 Country 30 U.S.A.		3. Date Incorporated or Qualified 04/21/1997	
		4. FEI Number 65-0810794		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <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 HUNT, RICHARD H JR. 2801 PONCE DE LEON BLVD NINTH FLOOR CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name James J. Andreacchio 82 Street Address (P.O. Box Number is Not Acceptable) 558 n.w. Kilpatrick Ave. 83 84 City Port St. Lucie FL 85 Zip Code 34983	
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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 James J. Andreacchio James J. Andreacchio - Director DATE 2-4-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D D'AGOSTINA, PAUL C 2012 SW 7TH AVE OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/O O'Agostina Paul C. 2012 S.W. 7th AVE. Okeechobee Fla. 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDRECCHIO, JAMES 558 NW KILPATRICK AVE PT ST LUCIE FL 34983 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/T/D/S Andreacchio, James J. 558 n.w. Kilpatrick ave Port St. Lucie, Fla. 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James J. Andreacchio James J. Andreacchio 2-4-98 561-340-3429

CR2034 (10/97)