ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 314190 (0)

1. Corporation Name
DRIVE-IN THEATRES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3291 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311	3291 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1967
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business	2a. Mailing Address
21 2001 N. Federal Hwy.	26 3501 W. Sunrise Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Beach, Fl	City & State 28 Ft. Lauderdale, Fl
Zip / Country 24 33444 / 25 USA	Zip / Country 29 33311 / 30 USA

4. FEI Number: 59-1009327 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TURBYFILL, HAROLD
1000 N STATE RD 7
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: Shyrlee D. Skorup
82 Street Address (P.O. Box Number is Not Acceptable): 2000 N. State Road 7
83: Concession Annex #2
84 City: Margate, FL 85 Zip Code: 33063

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: Shyrlee D. Skorup Shyrlee D. Skorup DATE: 4/26/95
Signature, typed or printed name of registered agent (and title if applicable) — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	TURBYFILL, HAROLD	1.2 NAME	Betty Henn	
STREET ADDRESS	1000 N. STATE ROAD 7	1.3 STREET ADDRESS	2000 N. State Road 7	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Margate, Fl 33063	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	TURBYFILL, NETTIE	2.2 NAME	Lori N. Parrish	
STREET ADDRESS	1000 N. STATE ROAD 7	2.3 STREET ADDRESS	2000 N. State Road 7	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	HENN, BETTY	3.2 NAME	Preston Henn	
STREET ADDRESS	1000 N. STATE ROAD 7	3.3 STREET ADDRESS	2000 N. State Road 7	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	TURBYFILL, HAROLD	4.2 NAME	DELETE	
STREET ADDRESS	1000 N. STATE ROAD 7	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lori Parrish LORI PARRISH V.P. 4/24/95 (305) 791-7927
SIGNATURE AND TYPED OR PRINTED NAME OF BIDNID OFFICER OR DIRECTOR — Date — Daytime Phone #

0220100 CP