

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 314190 (0)

1. Corporation Name

DRIVE-IN THEATRES OF FLORIDA, INC.



Principal Place of Business

2001 N. FEDERAL HWY.
DELRAY BEACH FL 33444
US

Mailing Address

3501 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified
02/28/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SKORUP, SHYBEE D.~~
2000 N. STATE ROAD 7
CONCESSION ANNEX #2
MARGATE FL 33063

81

Name

L. N. COHEN

82

Street Address (P.O. Box Number is Not Acceptable)

2000 N. STATE RD. 7

83

CONCESSION ANNEX #2

84

City

MARGATE, FL 33063 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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature is not required when a new agent is appointed.)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HENN, BETTY | |
| STREET ADDRESS | 2000 N. STATE ROAD 7 | |
| CITY - ST - ZIP | MARGATE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PARRISH, LORI N. | |
| STREET ADDRESS | 2000 N. STATE ROAD 7 | |
| CITY - ST - ZIP | MARGATE FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | HENN, PRESTON | |
| STREET ADDRESS | 2000 N. STATE ROAD 7 | |
| CITY - ST - ZIP | MARGATE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TURBYFILL, HAROLD | |
| STREET ADDRESS | 1000 N. STATE ROAD 7 | |
| CITY - ST - ZIP | MARGATE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Parrish, Lori Parrish, V.P. 2-296 (954) 795-7927
5-3-96

CR2E034 (12/95)