FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # L44075 (4)

1. Corporation Name

DRIVE IN STYLE, INC.

Principal Place of Business: 524 NORTH FEDERAL HIGHWAY, FORT LAUDERDALE FL

Mailing Address: 524 NORTH FEDERAL HIGHWAY, FORT LAUDERDALE FL

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 06/23/1995
4. FEI Number: 65-0172890 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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**

~~LAVINE, STEPHEN~~
~~23440 VISTA LINDA LANE~~
~~BOCA RATON FL 33433~~

10. **Name and Address of New Registered Agent**

81 Name: SUSAN LAVINE
82 Street Address (P.O. Box Number is Not Acceptable): 23440 VISTA LINDA LANE
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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: Susan Lavine Director ✓ DATE: 5-1-96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	~~LAVINE, STEPHEN~~	
STREET ADDRESS	~~23440 VISTA LINDA LN~~	
CITY-ST-ZIP	~~BOCA RATON FL 33433~~	
TITLE	V	☐ DELETE
NAME	LAVINE, HAROLD	
STREET ADDRESS	3111 N. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33309	
TITLE	D	☐ DELETE
NAME	LAVINE, SUSAN	
STREET ADDRESS	23440 VISTA LINDA LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Susan Lavine Director ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-1-96 Daytime Phone #: 407-392-6074