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

FILED May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (4)DOCUMENT # DRIVE IN STYLE, INC. Principal Place of Business Mailing Address 741 NE / AUC 741 NE 1AVC 2403 N. SR. 7 2403 N SR 7--LAUDER DATE, FL 33304 MARGATE FL-0 MARGATE FL 33063 OT LANDOIDAIC, FL DO NOT WRITE IN THIS SPACE 33304 3. Date Incorporated or Qualified 01/22/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0172890 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Ζiρ Zip8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name LAVINE, SUSAN 23440 VISTA LINDA LANE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 1:607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of Section 607.0505, Florida Statutes 11, Pursuant to agent. Lar SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE LAVINE. HAROLD 1.2 NAME NAME 3111 N. OCEAN DRIVE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33309 CITY-ST-ZIP 1,4 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE LAVINE, SUSAN 2.2 NAME NAME 23440 VISTA LINDA LN 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2. 4 CITY-ST-ZIP SOL ZUCKERMAN TO LA GORCE CIRCLE MIAMI BOACH, FL 3314/ Change Addition DELETE 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ___ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST- 7(P) 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 this 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 of langed, or an agrantachure it with an addiress.