


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50126		(4)			
1. Corporation Name DRIVE-IN CHURCHES, INC.					

Principal Place of Business 8001 US 19TH NORTH PINELLAS PARK FL 34665 US	Mailing Address P. O. BOX 12345 ST. PETERSBURG FL 33733 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33781	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33781
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3. Date Incorporated or Qualified 07/01/1992	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PIPPEN, JOSEPH F., JR. 10225 ULMERTON ROAD BUILDING 11 LARGO FL 34641	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	RALSTON, DONALD
STREET ADDRESS	2285 VANDERBILT
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROOKS, CLETUS
STREET ADDRESS	6770 BROOKS HIGHWAY
CITY - ST - ZIP	ONSTED MI
TITLE	ST <input type="checkbox"/> DELETE
NAME	DISTLER, DAVID
STREET ADDRESS	1897 TANGLEWOOD
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JEFFRIES, GENE
STREET ADDRESS	2505 BARCELONIA
CITY - ST - ZIP	SPRINGDALE AR
TITLE	D <input type="checkbox"/> DELETE
NAME	BEARD, KEN
STREET ADDRESS	222 CITRUS
CITY - ST - ZIP	DUNEDIN FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	EHNIS, RICHARD
STREET ADDRESS	EAGLE POINT
CITY - ST - ZIP	CLARK LAKE MI

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 checked="" type="checkbox"/> Addition
2.2 NAME	PERRY, LITTLE
2.3 STREET ADDRESS	6035 113TH AVE. N.
2.4 CITY - ST - ZIP	PINELLAS PARK, FL 33782
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6603 WINDING BROOK DR.
3.3 STREET ADDRESS	NEW PORT RICHEY, FL 34655
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DR. TED MONNIOR
4.3 STREET ADDRESS	2424 SUNSET POINT RD.
4.4 CITY - ST - ZIP	CLARK LAKE, FL 34625
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **3-20-98 5258625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052178

CR2E037 (10/97)