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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000027365

1. Corporation Name
DRIVE THRU CONVENIENCE STORE INC.

Principal Place of Business: 2150 S STATE ROAD 7 MIRAMAR FL 33023

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/28/96

4. FEI Number: 65-0653474 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 SAME
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

9. Name and Address of Current Registered Agent
LAWRENCE J. SPEIGEL PA
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: ANN ZIMMERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Taylor
83
84 City: Hollywood FL **FL** 85 Zip Code: 33020

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: ~~Jeanine Shenk~~ Ann Zimmerman (Ann Zimmerman) DATE 4/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST ☑ DELETE	1 1 TITLE	DPST ☐ Change ☐ Addition
NAME	JEANINE SHENK	1 2 NAME	ANN ZIMMERMAN
STREET ADDRESS	45 NW 203 RD TR #15C	1 3 STREET ADDRESS	1900 TAYLOR
CITY-ST-ZIP	MIAMI FL 33169	1 4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	700002571407
STREET ADDRESS		6 3 STREET ADDRESS	-06/24/98--01083--019 **150.00
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

6.24

CR2E034 (10/97)

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanine Shenk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #