

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

FILED

**Feb 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035684 (4)
1. Corporation Name
441 DRIVE THRU, INC.



Principal Place of Business 2012 SW 7TH AVE OKEECHOBEE FL 34974	Mailing Address 2012 SW 7TH AVE OKEECHOBEE FL 34974
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 N/A Suite, Apt. #, etc.		2a. Mailing Address 26 558 n.w. Kilpatrick Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/21/1997	
22 City & State		27 Port St. Lucie, Florida City & State		4. FEI Number 65-0810794	
23 Zip		28 Port St. Lucie, Florida Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 U.S.A. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HUNT, RICHARD H JR.
2801 PONCE DE LEON BLVD
NINTH FLOOR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name James J. Andreacchio
82 Street Address (P.O. Box Number is Not Acceptable) 558 n.w. Kilpatrick Ave.
83
84 City Port St. Lucie
85 Zip Code FL 34983

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 **James J. Andreacchio, James J. Andreacchio - Director** DATE **2-4-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D'AGOSTINA, PAUL C	
STREET ADDRESS	2012 SW 7TH AVE	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREACCHIO, JAMES	
STREET ADDRESS	558 NW KILPATRICK AVE	
CITY - ST - ZIP	PT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Agostina Paul C.	
1.3 STREET ADDRESS	2012 S.W. 7th AVE.	
1.4 CITY - ST - ZIP	Okeechobee Fla. 34974	
2.1 TITLE	V/T/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andreacchio, James J.	
2.3 STREET ADDRESS	558 n.w. Kilpatrick ave	
2.4 CITY - ST - ZIP	Port St. Lucie, Fla. 34983	
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 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: **James J. Andreacchio James J. Andreacchio 2-4-98 561-340-3429**

CR2034 (10/97)