Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90034 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019529

1. Corporation Name HAPPY DAYS DRIVE IN, IN	ic.			
Principal Place of Business	Mailing Address		- r 100 tidat (18 10 tol) tol) tolit abit abit out eato) (
13348 N.W. 7TH STREET PLANTATION FL 33325 13348 N.W. 7TH STREET PLANTATION FL 33325			DO NOT WRITE IN THIS	S SPACE
4			3. Date Incorporated or Qualifed 03/02/1998	
Principal Place of Business 21	2a. Mailing Address		4. FEI Number 65-0818450	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		untry	This corporation owes the current year In Personal Property Tax.	tangible No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				Agent
GOLD, MARC J 3111 UNIVERSITY DRIVE SUITE 405 CORAL SPRINGS FL 33065		82 Street Addres 83 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
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 Signature, broad or printed name of	f registered agent and title if applicable. (NOTE, Registers	d Agent signature required	(when reinstating) DATE	
	FICERS AND DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE DAVID DAY		TITLE		☐ Change ☐ Addition
NAME 13348 NUD	745 ST. 121	NAME		
ATTECT LOCATES	135	STREET ADDRESS		
CITY-ST-ZIP PANTATION		CITY-ST-ZIP		
TITLE	☐ DELETE 2.1°	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		IIITE		Countribe Countries
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	3.4.	CITY-ST-ZIP		

6.4 CITY-ST-ZIP 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, with all other like empowered.

ING OFFICER OR DIRECTOR

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

__ DELETE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Change

Change

☐ Change

☐ Addition

Addition

- Addition