

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **369295** (1)
1. Corporation Name
DREW SPIRITS, INC.



Principal Place of Business: **1745 DREW STREET CLEARWATER FL 34615**
Mailing Address: **1745 DREW STREET CLEARWATER FL 34615**

3. Date Incorporated or Qualified: **09/03/1970**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1304595**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**HENRY A. MUDLER JR.
365 STRATHMORE AVE
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent
81. Name: **Henry A Mueller Jr.**
82. Street Address (P.O. Box Number is Not Acceptable): **365 Strathmore Ave.**
83. City: **Oldsmar**
84. City: **Oldsmar** FL 85. Zip Code: **34677**

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: *Henry A. Mueller Jr.* DATE: **4-30-96**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUELLER, ANTHONY PARKE	
STREET ADDRESS	365 STRATHMORE AVE	
CITY - ST - ZIP	OLDSMAR FL	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MUELLER, PAMELA	
STREET ADDRESS	365 STRATHMORE AVE.	
CITY - ST - ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, HENRY A. JR.	
STREET ADDRESS	365 STRATHMORE AVE.	
CITY - ST - ZIP	OLDSMAR FL	
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

11 TITLE	Vice President - Secretary - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Anthony R Mueller	
13 STREET ADDRESS	365 Strathmore Ave	
14 CITY - ST - ZIP	Oldsmar FL	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	TAMARA K. PARKE	
23 STREET ADDRESS	415 Richards	
24 CITY - ST - ZIP	Clearwater FLA. 34615	
31 TITLE	President - Treasurer - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Henry A. Mueller Jr.	
33 STREET ADDRESS	365 Strathmore Ave	
34 CITY - ST - ZIP	Oldsmar FLA.	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Henry A. Mueller Jr.* DATE: **4-30-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Henry A. Mueller Jr.** DAYTIME PHONE: **447-1944**

CR2E034 (12/95)