

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PH 3: 09

DOCUMENT # **711950** (6)

1. Corporation Name  
**DREW RIDGE APTS. B, INC.**

Principal Place of Business <b>% WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD CLEARWATER FL 34625 US</b>	Mailing Address <b>% WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD CLEARWATER FL 34625 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country
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3. Date Incorporated or Qualified <b>12/14/1966</b>	3a. Date of Last Report <b>04/08/1994</b>
4. FEI Number <b>23-7039604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RD  
SUITE 114  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nominating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MURSEJI, RAMADAN</b>
STREET ADDRESS	<b>1221 DREW ST B-11</b>
CITY - ST - ZIP	<b>CLEARWATER, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>KELLY, RONALD</b>
STREET ADDRESS	<b>1221 DREW ST B16</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>PD</b>
NAME	<b>CRAWFORD, ALICE</b>
STREET ADDRESS	<b>1221 DREW ST 18B</b>
CITY - ST - ZIP	<b>CLEARWATER, FL 00000</b>
TITLE	<b>VPO</b>
NAME	<b>LOWE, ALMA</b>
STREET ADDRESS	<b>1221 DREW ST #20B</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>GROVER, GEORGE</b>
STREET ADDRESS	<b>1221 DREW ST B-3</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 as an attachment with an address.

SIGNATURE: *Elizabeth A. Crawford* ELIZABETH A. CRAWFORD 3-17-95 446-6195  
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR