SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

CITY-ST-ZIP

SIGNATURE:

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 29 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)1. Corporation Name DRUSCO INC. Principal Place of Business Mailing Address 3380 NW 114 STREET 3380 NW 114 STREET MIAMI FL 33167 MIAMI FL 33167 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/12/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 13-3171844 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 29 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOSS, DANIEL 3380 NW 114 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33167 83 City Zip Code F 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE 1.1 TITLE Change Addition DELETE SIEGEL, STANLEY NAME 1.2 NAME 2110 HARBOURSIDE DR. 7526 4345 MT. PARAN PKWY, NW STREET ADDRESS 1.3 STREET ADDRESS LONG BOAT Key, Fe. 34228 ATLANTA GA CITY-ST-ZIP 1.4 CITY-ST-ZIP VDS 2.1 TITLE TITLE DELETE Change Addition MÕSS, DANIEL NAME 2.2 NAME 1717 NW 126 DR STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** 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 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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 charges, or on an attachment with an address.