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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name 620943

(1)

RDEWED & CO. INC.

DREVVEN & CO., INC.						
Principal Place of Business	Mailing Address					
2740 E. OAKLAND PK. BLVD. Suite 101 Ft. Lauderdale Fl. 33306 US	2740 E. OAKLAND PK. BLVD. SUITE 101 FT. LAUDERDALE FL 33306 US					
2. Principal Place of Business	2a. Mailing Address					

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Principal Place of Business Mailing Address				I INDIEN DINNO MAIN BEKIR INDIEN AM DISKU DIDAK BIDIN DIDIN DISKU DIBAH 1901						
2740 E. OAKLAND PK. BLVD. 274 SUITE 101 SU FT. LAUDERDALE FL 33306 FT.		2740 E. OAKLAND PK. BLVD. SUITE 101 FT. LAUDERDALE FL 33306 US				Date Incorporated or Qualified				
							05/30/1979	05	5/01/18	995
2. Principal P	Place of Business	2a. 26	Mailing Address				4. FE! Number 59-1912354			Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	le		City & State				6. Election Campaign Financing		\$5.0	O May Be
Zip	Country	28	Zip		ountry		Trust Fund Contribution			ed to Fees
24	25	29	- .p	30	JOI IU Y		This corporation has liability for in Florida Statutes Yes		cunder s	199.032,
	9. Name and Address of Curre		ered Agent		1		10. Name and Address of New Re		oeni	
					81	Name		<u> </u>		
BREWE	er, edward hugh				82	Stroot Aris	dress (P.O. Box Number is Not Acceptable	<u>,</u>		
2740 E	. Oakland PK. BLVD.				102	Street Auc	iress (F.O. GOX Number is Not Acceptable	;)		
SUITE					83					
FT. LAU	JDERDALE FL 33306				84	City			Ter 7	ip Code
					1			FL		•
familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec				corp	oration's boa	oration submits this statement for the purp ard of directors. Thereby accept the appoi	ose of char ntment as i	nging its registere	registered office d agent. I am
SIGNATURE	Skjinature, typed or printed hame of registered ager	nt and title if ap	nplicable (NO	1E Registere	ed Agen	it signature reguli	ed when reinstating!	DATE		
12.	OFFICERS AN	ND DIRECT	IORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	P		☐ DELETE	1. 1	TITLE] Change	
NAME:	BREWER, EDWARD H.			1.2	NAME					
STREET ADDRESS	2809 N.E. 23RD ST			1.3	STREET	ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL		FTI DELETE		CITY-S	T-ZIP				
TITLE NAME	BREWER, HARRIET H.		DELETE		TITLE) Change	Addition
STREET ADDRESS	2809 N.E. 23RD ST				NAME					
CHY-ST-ZIP	FT. LAUDERDALE FL					ADDRESS				
TITLE	The top Library Let I	-	DELETE		DITY-S' TITLE	1 - ZIF'			Change	Addition
NAME					NAME			L	, onange	☐ vacuuo.t
STREET ADDRESS						ADDRESS				
CiTY-ST-ZIP					CITY-SI					
TITLE			☐ DELETE	_	TITLE				Cnange	Addition
NAME				4.21	MAME					
STREET ADDRESS				4.3 3	STREET.	ADDRESS				•
CITY-S1-ZIP					CITY-SI	T - ZIP				
TITLE			□ DELETE		TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME STOCK LADODESS					NAME					
STREET ADORESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE		CITY-SI	I-ZIP			0	
NAME			T receit		TITLE			L	Change	☐ Addition
STREET ADDRESS					NAME STOCKE	ADDRESS				
CITY-ST-ZIP					CHTY-ST					
CITTO EI				D.4 (arr-51	1 - 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date: **Date: