FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751712

(1)

DREW OFFICE PARK, CONDOMINIUM, INC.

Principal Place	of Business	Mailing Address			1 100/10 10001 0(104 /1064 1000) 110/10			III EIBII BIAH IBBI		
2380 DREW STREET, SUITE 4 CLEARWATER FL 34625		2380 DREW STREET, SUITE 4 CLEARWATER FL 34825-3311				٠.,				
						3. Date Incorporated or Qualified 03/26/1980	3a. Dat	of Las)4/29/	st Report 1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-2357467			Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional		
22		27			5. Certificate of Status Desireo			Required		
City & State)	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	Zip	Countr	У		This corporation has liability for h		***************************************		
24	25	29	30			Florida Statutes				
	9, Name and Address of Curren	it Registered Agent	81	ET N	ame	10. Name and Address of New Reg	istered A	gent		
OATTEN	DONE IAMED M									
	SON, JAMES M. NEW STREET, SUITE 7B		82 Street A		treet Addre	ss (P.O. Box Number is Not Acceptab	e)			
	ATER FL 34625		83	3		· · · · · · · · · · · · · · · · · · ·	'			
			84	1 0	ity	·		85 Z	ip Code	
44 6	10 4 017 050	0 - 1047 4000 Final D					FL		• • • • • • • • • • • • • • • • • • • •	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the	imeo corpo i corporatio	pration submits this statement for the pon's board of directors. I hereby accep	urpose of o	:nangini intment	g its registered as registered	
	n familiar with, and accept the obliga-	ations of, Section 617.0503, FI	orida Statute	9 S .						
SIGNATURE _	Signature, typed or printed name of registered age	ont and title if applicable. (NOT	TE: Registered Ac	ent si	gnature require	d when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE					Chang	ge Addition	
NAME	PATTERSON, JAMES M.		1.2 NAME			•				
STREET ADDRESS	2380 DREW ST., STE. 7B		1.3 STREE							
CITY-ST-ZIP TITLE	······································			1.4 CITY-ST-ZIP				Chanc	ge Addition	
NAME	NUSSEAR, ROBERT E.		2.1 RILE 2.2 NAME	2.1 TITLE				Urang	te FT Monton	
STREET ADDRESS	2380 DREW ST., STE. 5		2.3 STREET ADORESS		DCCC					
City-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP							
TITLE	STD DELETE		3.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Chang	ge Addition	
NAME	VALTORTA, E E		3.2 NAME							
STREET ADDRESS	2380 DREW ST #7A		3.3 STREE	T ADD	RESS					
CITY-ST-ZIP	CLEARWATER FL			- \$T - ZI	P					
THLE		☐ DELETE	4.1 TITLE				ı	Chang	ge L Addition	
NAME			4, 2 NAME						4	
STREET ADDRESS			4.3 STREE							
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE		P			Chang	ge Addition	
TITLE NAME		C presit	5.1 HILE 5.2 NAME				,	Count	ye radition	
STREET ADDRESS			5.3 STREE		BESS	•				
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE			······································		Chang	ge Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ET ADD	RESS					
CITY-ST-ZIP			6.4 CITY-							
14. I do hereb	by certify that the information supplier indicated on this annual report or s	d with this filing does not qual supplemental annual report is	ify for the ex	empl	tion stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega	effect as	pertify the	nat the under oath: that	
lam an of	flicer or director of the corporation or n Block 12 or Block 13 if changed, o	' the receiver or trustee empoy	vered to exe	cute	hispepon	ALITORYADY PREPIE 17, Florida S	9710813	1797	1×0366	

SIGNATURE:

ATHER AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DISCOVER

Daytime Phone # 0087787

FILED

Feb 13 1997 8:00am

Secretary of State