FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H70

(7)

MICHAEL S. DRUTMAN INCORPORATED

PORATED

FILED
Apr 27 1998 8:00am
Secretary of State

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Principal Place of Business Mailing Address								- (1884a)) Eiki 1881 8840 8840 HOLI 18818 1811 AIBI AIBI AIBI AIBI AIBI AIBI AIBI AI				
1887 ALBRIGHT DRIVE 1887 ALBRIGHT DRIVE												
CLEARWATER FL 34625		CLEARWATER FL 34625					DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifie	d			
								08/07/1985			,	
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number		Ar	oplied For	
21		26	-					59-2557781		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Ĭ '		\$8.75	Additional	
22			27					5. Certificate of Status Desired	ш	Fee Ro	berlupe	
City & State			City & State					6. Election Campaign Financing	3	\$5.00	May Be	
23 26			B					Trust Fund Contribution		Added	to Fees	
Zip	Country		Zip 2 di Cour			/		8. This corporation owes or has	paid the cur	rent year Int		
24 3376		29	JU 783	30				Personal Property Tax due J			No	
	g, Name and Address of Curr	ent Regis	tered Agent	•	ļ.,	1		10. Name and Address of New	Registered	Agent		
DR	utman, Michael S.				81	Na	ame	•				
1887 ALBRIGHT DRIVE					82	Štr	reet Addres	ss (P.O. Box Number is Not Accep	table)			
CLI	EARWATER FL 34625											
					83							
					84	Cit	hv			85 Zip	Code	
									FL	.		
11, Pursuant i	to the provisions of Sections 607.0	502 and 60	07.1508, Florida Sta	tutes, the a	bove	e-nar	med corpo	ration submits this statement for the	e purpose o	changing in	ts 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 profiled native of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS A			13.	eo Age	anı e-Ç	nature required	ADDITIONS/CHANGES TO O		DIRECTOR	RS IN 12	
TITLE	P	WALL CALLE	DELETE		ITLE		Τ	ADDITIONS/OFFARIALS TO OF	TIOLING AINL	Change	Addition	
NAME	DRUTMAN, MICHAEL S.				AME						_	
STREET ADDRESS	1887 ALBRIGHT DR				STREET	Anne	1500					
CITY - ST - ZIP	CLEARWATER FL 34625				CITY-S		· I					
TITLE	S		DELETE		ITLE	31 - ZH	\rightarrow			Change	Addition	
NAME	DRUTMAN, PAULA		_		AME					_ •		
STREET ADDRESS	1887 ALBRIGHT DR				STREET	I ATIND	IEGG				ļ	
CITY-ST-ZIP	CLEARWATER FL 34625			1	CITY-		1					
THTLE	Camarity Fill F 04050		☐ DELETE		ITLE	U1 - £11				☐ Change	Addition	
NAME					VAME					_ •	_	
STREET ADDRESS					STREET	ADDA	IESS					
CITY-ST-ZIP					CITY-		1					
TITLE			DELETE		ITLE	U1 - ZII				Change	Addition	
NAME					NAME					•-	_	
STREET ADDRESS					STREET		uess					
CITY-ST-ZIP					CITY - S		i					
TITLE			DELETE	_	ITLE	,, 211	1			Change	☐ Addition	
MAME					NAME		1				_	
STREET ADDRESS					STREET	AUKIA 1	RESS					
CITY-ST-ZIP					CITY - S							
TITLE			DELETE		IITLE	217411				Change	Addition	
NAME					NAME							
						r a non-r	, eee					
STREET ADDRESS					STREET							
CITY-ST-ZIP				6.4	CITY-S	o I - ZIP			77700	are at a sale	1-6	

1. 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 changed, or on an attachment with an address.

SIGNATURE:

aula Dry Man

Pack war man

4/23/98 813-797-591

CR2E034 (10%