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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J13381 (5)

1. Corporation Name
DRUMMOND OF PALM BEACH, INC.

Principal Place of Business

815 N.DIXIE HWY.
LAKE WORTH FL 33460

Mailing Address

815 N.DIXIE HWY.
LAKE WORTH FL 33460-2528

X Please change address X

2. Principal Place of Business

21 620 S. DIXIE HWY

Suite, Apt. #, etc.

22

City & State

23 LANTANA, FLORIDA

Zip

Country

24 33462

25

2a. Mailing Address

26 620 S. DIXIE HWY

Suite, Apt. #, etc.

27

City & State

28 LANTANA, FLORIDA

Zip

Country

29 33462

30

9. Name and Address of Current Registered Agent

DRUMMOND, VIOLET M.
510 - 5TH TERRACE, PGA NATIONAL
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DRUMMOND, VIOLET M.
STREET ADDRESS 510-5TH TERR.,PGA NATL
CITY-ST-ZIP PALM BCH.GARDENS FL

TITLE VP
NAME DRUMMOND, ROBERT
STREET ADDRESS 510-5TH TERR.,PGA NATL
CITY-ST-ZIP PALM BCH.GARDENS FL

TITLE ST
NAME DRUMMOND, ROBERT
STREET ADDRESS 510-5TH TERR.,PGA NATL
CITY-ST-ZIP PALM BCH.GARDENS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: V. M. Drummond VIOLET. DRUMMOND. 4-15-97, 585-2531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)