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Apr 25 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 # K74221 (8)
1. Corporation Name
DREW MASTER CENTER, INC.



Principal Place of Business: 2129 DREW ST CLEARWATER FL 34625
Mailing Address: 2129 DREW ST CLEARWATER FL 34625-3217

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/17/1989	04/12/1996
22		27		4. FEI Number	Applied For
City & State		City & State		59-2940157	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		6. Election Campaign Financing Trust Fund Contribution	
29		30		5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CONSTANTINOU, CHRIS
2129 DREW ST
CLEARWATER FL 34625

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CONSTANTINOU, CHRIS	1.1 TITLE	
NAME	2129 DREW STREET	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CONSTANTINOU, DINO	2.1 TITLE	
NAME	2129 DREW STREET	2.2 NAME	
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS CONSTANTINOU, MARIOS	3.1 TITLE	
NAME	1120 KENWOOD DR	3.2 NAME	
STREET ADDRESS	DUNEDIN FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE: 2/14/97

CR2E034 (9/96)