

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L65401 (6)

1. Corporation Name
DRUMS, INC.



Principal Place of Business
102 NORTH 12TH STREET
TAMPA FL 33602

Mailing Address
102 NORTH 12TH STREET
TAMPA FL 33602

3. Date Incorporated or Qualified 04/12/1990	3a. Date of Last Report 04/19/1995
4. FEI Number 62-0202086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3511 3rd AVE. E. Suite, Apt. #, etc.	26 3511 3rd AVE. E. Suite, Apt. #, etc.
22 City & State TAMPA, FL.	27 City & State TAMPA, FL.
24 Zip 33605	29 Zip 33605
25 Country	30 Country

9. Name and Address of Current Registered Agent

WAHLQUIST, MARC
1011 1/2 13TH AVENUE W.
TAMPA FL 34221

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 from a registered agent and that it is applicable

NOTE: Registered Agent signature required when consolidating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAHLQUIST, MARC	
STREET ADDRESS	102 NORTH 12TH ST	
CITY- ST- ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAHLQUIST, LEIF	
STREET ADDRESS	102 NORTH 12TH ST	
CITY- ST- ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROCK, DARLEEN	
STREET ADDRESS	P O BOX 424	
CITY- ST- ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WAHLQUIST, MARC	
1.3 STREET ADDRESS	3511 3rd AVE. E.	
1.4 CITY- ST- ZIP	TAMPA, FL. 33605	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WAHLQUIST, LEIF	
2.3 STREET ADDRESS	3511 3rd AVE. E.	
2.4 CITY- ST- ZIP	TAMPA, FL. 33605	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)