SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 JUN 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001575

1. Corporation Name

DREW PARK PROPERTY LEAGUE, INC. (NON-PROFIT)

Principal Place of Business	Mailing Address
4301 NORTH TRASK STREET TAMPA FL 33614	4301 NORTH TRASK STREET TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1992	3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-3145482	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

GRECO, FRANK J.
~~2112 NORTH 15TH STREET~~ 1715 NORTH WESTSHORE BLVD
~~SUITE 200~~ SUITE 750
~~TAMPA FL 33605~~ TAMPA FL 33607-5726

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1715 NORTH WESTSHORE BLVD
83: SUITE 750
84 City: TAMPA FL 85 Zip Code: 33607-5726

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SKAATES, LYDIA	12 NAME	900001518189
STREET ADDRESS	4301 N. TRASK STREET	13 STREET ADDRESS	-06/20/95--01111--014
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LYNN, HELEN	22 NAME	
STREET ADDRESS	8111 RIVERSHORE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SUTOR, VIOLA	32 NAME	
STREET ADDRESS	4102 N. LAUBER WAY	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JESSEN, DAVID L.	42 NAME	
STREET ADDRESS	5014 N. HESPERIDES	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BRANCH, MAXINE B.	52 NAME	
STREET ADDRESS	4401 DEARHOUND DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: /s/ Helen Lynn 6-10-95 813-870-0183
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0096680 CP