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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000019764 (8) **DOCUMENT #**1. Corporation Name

(DRUM)2, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3630 CONSUMER WAY 3630 CONSUMER WAY **UNIT 101 UNIT 101** RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0402714 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENKRANZ, HOWARD 3630 CONSUMER WAY 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT 101** RIVIERA BEACH FL 33404 City Zip Code 85 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 Sucij offiange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE INOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1 1 TITLE TITLE ROSENKRANZ, HOWARD NAME 1.2 NAME 3630 CONSUMER WAY, UNIT 101 STREET ADDRESS 1.3 STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Chance Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 suppliemental 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 one attachment with an address.

CICNATUDE.