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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000028363

1. Corporation Name
DANIEL A. DREW, P.A.



Principal Place of Business
 4104 NW 73 AVE
 CORAL SPRINGS FL 33065

Mailing Address
 4104 NW 73 AVE
 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/11/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0498426	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		5. Election Campaign Financing		8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DREW, DANIEL A 4104 NW 73 AVE CORAL SPRINGS FL 33065				81 Name	Drew, Diann		
				82 Street Address (P.O. Box Number is Not Acceptable)	4104 NW 73 Avenue		
				83			
				84 City	Coral Springs	FL	85 Zip Code 33065

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] DATE: 4/2/99
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, P, T	1.1 TITLE	P, T
NAME	DREW, DANIEL A	1.2 NAME	
STREET ADDRESS	4104 NW 73 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	D, V, S	2.1 TITLE	
NAME	DREW, DIANN	2.2 NAME	
STREET ADDRESS	4104 NW 73 Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33065	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		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 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 registered 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/2/99 DAYTIME PHONE: (954) 344-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)