## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000026134 (3)

DRUMMER CORP.

135 COUTH ANDREWS AVE   1321 COUTH ANDREWS AVE   1321 E PF. LAUDEROALE FL 33316	SS SOUTH MORRINS AVE SUITE 18 SECTION MORRINS AVE SUITE 218 FT. LAUDERDALE FL 33316 248 FT. LAUDERDALE FL 33316 FT. LAUDERDALE	Chinainal One	and the change									
SUITE 216 FT. LUDDERDALE FL 33316 FT. LUDDERDALE FL 33	SUITE 216   FT. LAUDEROALE FL. 3316-5448   FT. LAUDEROALE FL. 33316-5448   FT. LAUDEROALE FL. 33316-544	· ·		_				. 12011001 110 10101 01111 03111 03111 03111		1889 11111	, 4191 (491	
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2.	22	11. 5.005.10.1	ME 1 C 00010	t i. Briggsigra	16 00010 6010		-				eport	
Solicy April 4, ct.    Suit	Suit, Api # n. c.   Suite Api # n. c.		Place of Business	2a. Mailing Add	dress					<del>, , , , , , , , , , , , , , , , , , , </del>	oplied For	
27 CUTY & STATE   STAT	27	21						65-0569546		No	ot Applicable	
City & State    Country   Zep	Standard		#, etc.	h1	#. etc.			5. Certificate of Status Desired	□ \$			
App   28   Country   29   Country   29   Country   3,000 May be some of Country   3,000 May b	25   Country   Zip   Z		:		9			Election Compaign Financian				
Secondary   20   20   30   50   50   50   50   50   50   5	Country				<u></u>			, ,				
9. Name and Address of Current Registered Agent  STAMES, PETER B  808 BRIDLE PATH CT.  DAVIE FL 3328  81  82  Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Scotons 607 0502 and 697, 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered defice or registered region, or both in the Stone of Hards South change was authorized by the corporations board of directors. Thereby accept the appointment as registered defice or registered region, or both in the Stone of Hards South change was authorized by the corporations board of directors. Thereby accept the appointment as registered defice or registered region. Or both in the Stone of Hards South change was authorized by the corporations board of directors. Thereby accept the appointment as registered defice or registered region. Or both in the Stone of Hards South change was authorized by the corporations board of directors. Thereby accept the appointment as registered defice or registered region. Or both in the Stone of Hards South change was authorized by the corporations board of directors. Thereby accept the appointment as registered defice or registered region. Or both in the Stone of Hards South and Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECT	28		Country		Co	ountry						
STAMES, PETER B 8600 BRIDLE PATH CT. DAVIE FL 33328  81    Same 800 BRIDLE PATH CT. DAVIE FL 33328  82    Sheet Address (P.O. Box Number is Not Acceptable)  83    Sheet Address (P.O. Box Number is Not Acceptable)  84    City	10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered   10. Name and Address   10. Name and	24									. ,00.00	
STANES, PLAN  SHAPE, ADDRESS  SHAPE, ADDRE	SIGNATURE    Date   Proceedings   Process   Pr		9. Name and Address of C	urrent Registered Agent				<ol><li>Name and Address of New Re</li></ol>	gistered Ager	it		
DAVIE FL 33328    B3	DANKE FL 33328	STA	imes, peter b			81 N	ime					
Section   Sect	Ba						eet Address	dress (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Scations 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered aport, or both, in the State of Florida Statutes.    Particular of State of Florida Statutes   December 2015   Decemb	The 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 registrice argent, or both, in the State of Florida Statutes.  SIGNATURI  2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTIR.  SHAPIRO, JORDAN L.  SHAPIRO, JORDAN	UAV	/IE FL 33328			83						
11. Pursuant to the provisions of Scature 607 0502 and 077 1508, Florida Statutes, the above-harmed corporation submits his statement for the purpose of changing its registered agent. Law internal provisions to other in the State of Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Law internal provisions of the provision's board of directors. I hereby accept the appointment as registered signature with and accept the appointment as registered office or registered signature with and accept the appointment as registered signature with and accept the appointment as registered office or registered with a state of registered signature with and accept the appointment as registered signature with and accept the appointment as registered office or registered signature with and accept the appointment as registered offices. I be accepted to the appointment as registered offices as stated as stated as a stated	1.1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Soction 607,0505. Florida Statutes.    SIGNATURE					84 Ci	ty		<b></b> 85	Zip	Code	
SIGNATURE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	SIGNATURE    Signature type data   February type			3.000.00					トル	1		
SIGNATURE    12. OF I CERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   12. OF I CERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   12. NAME	SIGNATURE	office or r	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1508, Flo State of Florida, Such cha	rida Statutes, the ange was authoriz	above-na zed by the	med corpora corporation's	tion submits this statement for the p s board of directors. I hereby accep	ourpose of cha of the appointn	nging it nent as	is registered registered	
12	12		ini familiar with, and accept the	obligations of, Section 60	7.0505. Florida St	tatutes.						
12.	12.	SIGNATURE	Signature, typed or canical carrier of register	red amont and tine it aerdicable	(NOTE: Beniste	ered Agen) sig	neture technical w	nen reinstation)	DATE		····	
DELETE   11 TITLE     Change   Addition	DELETE   SHAPIRO, JORDAN L   SHAPIRO, JORDAN	12.					natare required w			FCTOR	S IN 12	
SHAPIRO, JORDAN	NAME   SHAPRO, JORDAN L   12 NAME   13 SIREET ADDRESS   13 SIREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 CITY-ST-Z	THLE										
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Addition	TILLE	STREET ADDRESS		S AVE. #216			FSS					
DELETE   DELETE   21 TILE	DELETE   DELETE   21 TILLE   Change   NAME   22 NAME   22 NAME   22 NAME   23 STREET ADDRESS   24 CITY - ST - ZIP	CITY-ST-7IF					190					
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STREET ADDRESS	STREET ADDRESS						<del></del>	**************************************		Change	Addition	
34, CHY-ST-ZP    34, CHY-ST-ZP	CTY-ST-78	NAMÉ			3.2	NAME				-	•	
34. City-St-ZiP	CTY ST 78P	STREET ADDRESS			3.3	STREET ADDR	ESS					
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AAVE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.4 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	NAVE         6.2 NAME           STRIET ADDRESS         6.3 STREET ADDRESS           CITY - ST- ZIP         6.4 CITY - ST- ZIP	City - St - 70°			5.4	CITY-ST-ZIP						
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64 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  7.4 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	C(1) y - S1 - Z(P) 6.4 C(T) y - ST - Z(P)	NAVE			6.2	NAME						
64 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the	C(TY - ST - ZIP 6.4 C(TY - ST - ZIP	STREET ADDRESS			6.3	STREET ADDR	ESS .					
14. I do hereby certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the		City - St - ZiP										
information indicated on this applied principle supplemental annual report is true and accurate and that my algorithms that have the same least as when the contract of the co	14. I do hereby cellify 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	14. I do heret	by certify that the information su	polied with this filing does	not qualify for th	e exempt	on stated in	Section 119.07(3)(i), Florida Statutes	s. I further cert	fy that	the	
I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Johanged, or on an attachment with an address.	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 or large an officer or director of the corporation of the receiver or trustee exponwered to execute this report as required by Chapter 607. Florida Statutes, and that my name	mlormatio Lam an of	e indicated on this annual repor fricer or director of the comorati	rt or supplemental annual on or the receiver or trust	report is true and	i accurate i execute t	and that my	signature shall have the same lega required by Chapter 607. Florida S	l effect as if ma	ade und	der oath; tha	

**SIGNATURE:** 

Daytime Prione #

**FILED** 

Feb 25 1997 8:00am

Secretary of State