

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90056 013 ***150.00

DOCUMENT # **P95000026134**

1. Corporation Name

DRUMMER CORP.

Principal Place of Business

**8606 BRIDAL PATH COURT
% PETER STAMES
DAVIE FL 33328
US**

Mailing Address

**8606 BRIDAL PATH COURT
% PETER STAMES
DAVIE FL 33328
US**

2. Principal Place of Business

21 1901 W. Oak Knoll Cir.

2a. Mailing Address

26 1901 W. Oak Knoll Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale FL

Zip Country

24 33324 25

Zip Country

29 33324 30

9. Name and Address of Current Registered Agent

**STAMES, PETER B
8606 BRIDLE PATH CT.
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

4. FEI Number

65-0569546

Applied For

Not Applicable

5. Certificate of Status Desired.. ☐ Additional

\$8.75 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SHAPIRO, JORDAN L**
STREET ADDRESS **% 1525 SOUTH ANDREWS AVE. #216**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ DELETE
NAME **T O'CONNER, STEPHEN J**
STREET ADDRESS **300 FIRST AVE**
CITY-ST-ZIP **NEEDHAM MA 02494**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Jordan Shapiro**
1.3 STREET ADDRESS **% 1901 W. Oak Knoll Cir.**
1.4 CITY-ST-ZIP **Ft. Lauderdale FL 33324**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0575580