

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 Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90126 021 ***150.00

DOCUMENT # P95000046253

Corporation Name T. DREW ENTERPRISES, INC.

Principal Place of Business

Mailing Address

E. LAKE DRIVE #3B BOCA RATON FL 33433

7979 E. LAKE DRIVE #3B BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1995
4. FEI Number 65-0673310 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 owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business 615 PARCELL DR. Suite, Apt. #, etc.

26. Mailing Address Suite, Apt. #, etc.

City & State JACKSONVILLE FL

27. City & State

Zip 32221 Country

28. Zip Country 29.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINLAW, STEPHEN T 7979 E. LAKE DRIVE #3B BOCA RATON FL 33433

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for officer/director type (P, S), name, address, and delete checkbox. Includes entries for Stephen T Kinlaw and Brenda J Kinlaw.

Table with columns for title, name, address, and change/addition checkboxes. Includes entry for Treasurer R. Scott Kinlaw.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/10/99

Daytime Phone #

CR2E034 (11/98)