

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90027 020 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075294

1. Corporation Name

DREW'S DREAM, INC.

Principal Place of Business

 3250 MARY ST  
 SUITE 100  
 COCONUT GROVE FL 33133  
 US

Mailing Address

 3250 MARY ST  
 SUITE 100  
 COCONUT GROVE FL 33133  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip 29 Country

30

3. Date Incorporated or Qualified

09/29/1995

4. FEI Number

65-0617857

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

9. Name and Address of Current Registered Agent

 SCHATZMAN, ROBERT A  
 200 SOUTH BISCAYNE BLVD.  
 SUITE 1050  
 MIAMI FL 33131-2394

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 PD  
 NAME DAVIS, PAUL H  
 STREET ADDRESS 5821 SAN AMARO DRIVE  
 CITY-ST-ZIP CORAL GABLES FL
☐ DELETE
 TITLE VST  
 NAME DAVIS, TAMMY  
 STREET ADDRESS 5821 SAN AMARO DRIVE  
 CITY-ST-ZIP CORAL GABLES FL
☐ DELETE
 TITLE AS  
 NAME FREEMAN, LEWIS B.  
 STREET ADDRESS 3250 MARY STREET SUITE 103  
 CITY-ST-ZIP COCONUT GROVE FL
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 (11/98)