FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095733 (8)**

1. Corporation Name
DREXEL ESTATES INC.

Principal Place of Business
7770 WEST OAKLAND PARK BLVD. STE 100
SUNRISE FL 33351

Mailing Address
7770 WEST OAKLAND PARK BLVD. STE 100
SUNRISE FL 33351

3. Date Incorporated or Qualified: **12/19/1995**
3a. Date of Last Report:

4. FEI Number: 65 0626881 — 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business
21 1900 NW 60th Ave
Suite, Apt. #, etc.
22
City & State
23 Lauderhill Fl
Zip 24 33313
Country 25 USA

2a. Mailing Address
26 1900 NW 60th Ave
Suite, Apt. #, etc.
27
City & State
28 Lauderhill Fl
Zip 29 33313
Country 30 USA

9. Name and Address of Current Registered Agent

SHNIDER, RONALD E
7770 WEST OAKLAND PARK BLVD. STE 100
SUNRISE FL 33351

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 for new or changed RA) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	SHNIDER, RONALD E
STREET ADDRESS	7770 WEST OAKLAND PARK BLVD. STE 100
CITY-ST-ZIP	SUNRISE FL 33351
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Joseph Simmons ☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	22 09 E. OCEAN OAKS LANE
1.4 CITY-ST-ZIP	Vero Beach Fl 32963
2.1 TITLE	V ☐ Change ☒ Addition
2.2 NAME	Al Simmons
2.3 STREET ADDRESS	6101 COCONUT TERR
2.4 CITY-ST-ZIP	PLANTATION Fl 33317
3.1 TITLE	T/S ☐ Change ☒ Addition
3.2 NAME	Jerel Miller
3.3 STREET ADDRESS	9830 SW 15 Dr
3.4 CITY-ST-ZIP	Davie Fl 33324
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] SEC/TREAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (954) 370 3015
Date Daytime Phone #

CR2E034 (12/95)