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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095733 (8)

DREXEL ESTATES INC.

Secretary of State

FILED

Apr 09 1998 8:00am

Principal Place of Business Mailing Address			E 40101 01711 10000 41700 E511 7001
1900 NW 60TH AVENUE 1900 NW 60TH AVENUE			
LAUDERHILL FL 33313 LAUDERHILL FL 33313		DO MOT MEDITE IN T	#0.004.0F
U\$ US		DO NOT WRITE IN THE	HIS SPACE
		3. Date Incorporated or Qualified 12/19/1995	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 26		65-0626881	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		Trust Fund Contribution	Added to Fees
Zip Country Zip 29	Country	8. This corporation owes or has paid the	
24 25 29 29 9. Name and Address of Current Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
SHNIDER, RONALD E	81 Name	IV. Hunto and Address of New Register	on whall
7770 WEST OAKLAND PARK BLVD. STE 100			
SUNRISE FL 33351	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SOUNIOE PE 33331	83		
		<u> </u>	
	84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statute	s the above-named corp		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 	uthorized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
	rida Statutes.		
SIGNATURE Signature, typed or printed canno of registered agent and title if applicable (NOTE	Registered Agent signature require	ad when reinstating) DA1	F
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE D DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME SHNIDER, RONALD E	1.2 NAME		
STREET ADDRESS 7770 WEST OAKLAND PARK BLVD. STE 100	1.3 STREET ADDRESS		
CITY-ST-ZIP SUNRISE FL 33351	1.4 CITY-ST-ZIP		
TITLE P DELETE	2.1 TITLE		Change Addition
NAME SIMMENS, ALLEN	2.2 NAME		;
STREET ADDRESS 6101 COCONUT TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION FL	2. 4 CITY - ST - ZIP		
TITLE IS DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
MAME MILLER, JEREL	3.2 NAME		
STREET ADDRESS 9830 SW 15 DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL 33324	3.4. CITY - ST - ZIP		
TITLE VP DELETE	4.1 TITLE		Change Addition
NAME SIMMENS, JOSEPH	4. 2 NAME		
STREET ADDRESS 2209 E OCEAN OAKS LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP VERO BEACH FL	4.4 CITY - ST - ZIP	****	
TITLE DELETE	5.1 TITLE	:	☐ Change ☐ Addition
NAME	5.2 NAME	•	
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-S1-ZIP	5 4 CITY - ST - ZIP		
TITLE DELETE	6.1 TITLE		Change Addition
NAME	6.2 NAME		
	1		
STREET ADDRESS CITY-ST-ZIP	6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		

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 of 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 an attribute witty and different process.

SIGNATURE:

4-3-98

954-252-8033