SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P96000049695 (5)

DRECK PROPERTIES, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

Principal Place of Business Mailing Address 11583 NORTHWEST & STREET 11583 NORTHWEST 2 STREET PLANTATION FL 33325 PLANTATION FL 33325

26

2a. Mailing Address

Suite, Apt. #, etc.

FILED Jul 15 1998 8:00am Secretary of State



Suite, Apt. #, etc,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	City & State City &		State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p	aid the current year intangible
24	25 29 30		30	Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
AMERILAWYER CHARTERED				Name		
343 ALMÉRIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				out of the state o		
				83		
· • • • • • • • • • • • • • • • • • • •			84	V 02		
				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 soft in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accord the experiment as conjugated agent.						
office or registered agent, or both, in the State of Florids. Such phange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (applied with, and accept the obligations of section 107,0505, Florida Statutes.						
SIGNATURE BURN CTO, 1998						
49	Signature, typed or printed name of registered ager			jent signature require		DATE
12.	PSTD OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
NAME	1 1.27	DELETE	1.9 TITLE			L_ Change L_ Addition
	FRIBOMAN, BRIAN CRAIG		1.2 NAME			
STREET ADDRESS	11583 NORTHWEST 2 STREET		1.3 STREET			
CITY-ST-ZIP TITLE	PLANTATION FL 33325		1.4 CITY-ST-	ZIP		
		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	İ		1
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP			2.4 CITY-ST	ZIP		
TITLE		DELETE	3.1 TITLE	!		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-	ZIP	·	
TITLE	•	DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP		
TITLE		L DELETE	5.1 TITLE	ļ		Change Addition
NAME			5.2 NAME			1
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
0171 07 710			I			

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 raceiver or trustee empoyed red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an aftachment with an address.

Mrs 26 1998