

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000069354 (4)**

1. Corporation Name

DREW DIVERSIFIED INC

Principal Place of Business

**9702 S.W. 57 STREET
COOPER CITY FL 33328**

Mailing Address

**9702 S.W. 57 STREET
COOPER CITY FL 33328-5728**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report
21 10400 SW 49 MANOR	26 10400 SW 49 MANOR	4. FEI Number 65-0702685		Applied For Not Applicable	
22 Cooper City	27 Cooper City	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Cooper City Florida	28 Cooper City Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33328	25 USA	29 33328		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**DREW, KIRK
9702 S.W. 57 STREET
COOPER CITY FL 33328**

81 Name **DREW, KIRK**
82 Street Address (P.O. Box Number is Not Acceptable)
10400 SW 49 MANOR
83
84 City **Cooper City** FL 85 Zip Code **33328**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DREW, KIRK	1.2 NAME	DREW, KIRK
STREET ADDRESS	9702 S.W. 57 STREET	1.3 STREET ADDRESS	10400 SW 49 MANOR
CITY - ST - ZIP	COOPER CITY FL 33328	1.4 CITY - ST - ZIP	Cooper City FL 33328
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

 **KIRK E. DREW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 (954) 680 7751
Date Daytime Phone #

0267616

CR2E034 (9/96)