

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

P97000011060

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 14 PM 6:05

DOCUMENT # P97000011060

1. Corporation Name  
DRS & H. INC

Principal Place of Business Mailing Address  
349 N.W. Tyler Ave.  
Port St Lucie, FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address  
21 1503 Angle Rd 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 FT Pierce, FL 28  
Zip Country 29  
24 34947 25 St Lucie 30

4. FEI Number ☒ 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ferial Mustafa  
349 N.W. Tyler Ave  
Port St Lucie, FL 34983

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 Ferial Mustafa

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 NAME STREET ADDRESS CITY - ST - ZIP  
PRESIDENT Ferial Mustafa 349 N.W. Tyler Ave Port St Lucie, FL 34983

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP  
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6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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.

SIGNATURE: Ferial Mustafa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)

P97000011060

To Whom it may Concern:

I am very sorry we are so late  
on this Cooperation Form but we  
never received any forms in the  
mail. Thank you very much.

Ferial Mustafa

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DIVISION OF CORPORATIONS  
98 DEC 14 PM 6:05

PSK

12/14/98