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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000018658

| | DRN INVESTMENTS, INC. (| | | | | |
|--|--|--|-----------------|------------------|-----------------------------|---|
| Principal Place | | Mailing Address | | | | |
| 730 W COLONIAL DRIVE ORLANDO FL 32804 | | 730 W COLONIAL DRIVE ORLANDO FL 32804 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed |
| | | | | | | 02/25/1998 |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | 59-3493863 Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Status Desired Fee Required |
| City & State | е | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 | 25 | 29 | 30 | 1— | | Personal Property Tax. |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| HEW, NICOLE | | | | | | |
| 730 W COLONIAL DRIVE | | | | 82 Street Add | | Address (P.O. Box Number is Not Acceptable) |
| ORLANDO FL 32804 | | | 83 | | | |
| | | | | | | |
| | | | | 84 | City | FL 85 Zip Code |
| 44 Dureuant | to the provisions of Sections 607.05 | 02 and 607 1508 Florida Statu | tes, the a | bove | e-named co | corporation submits this statement for the purpose of changing its registered |
| office or r | registered agent, or both, in the State m familiar with, and accept the oblig | ent Florida. Such change was a | authorized | עם ב | the corpor | oration's board of directors. I hereby accept the appointment as registered |
| | m tamiliar with, and accept the obligi | ations of, Section 607,0000, Fit | mua Stati | utes | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOT | : Registered | Agen | t signature req | equired when reinstating) DATE |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 म | TLE | | ☐ Change ☐ Addition |
| NAME | KANJI, ALNASHIR | | 1.2 NAME | | | |
| STREET ADDRESS | 730 W COLONIAL DRIVE 133 | | 1.3 ST | TREET | ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32804 1 | | 1.4 CI | ITY-S | T-ZIP | |
| TITLE | STD | ☐ DELETE | 2.1 T) | TLE | | ☐ Change ☐ Addition |
| NAME | KANJI, AZINA | KANJI, AZINA 22N | | AME | | • and the same of |
| STREET ADDRESS | 730 W COLONIAL DRIVE 23 | | 2.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32804 | | 2. 4 CITY- S | | T-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 3.2 N | | ! | |
| STREET ADDRESS | | | 3.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | 3.4. CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TTLE | | ☐ DELETE | 4.1 TITLE | | | [_ Change Audului [|
| NAME | | | 4.2 N | | | |
| STREET ADDRESS | | | 1 | | T ADORESS | |
| CITY-ST-ZIP | | | | ITY-S | T-ZIP | ☐ Change ☐ Addition |
| TITLE | | | 5.1 TI 5.2 N | | | |
| NAME | | | | | TADORESS | |
| STREET ADDRESS | | | | ITY-S | - 1 | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TI | | | ☐ Change ☐ Addition |
| HAME | | | 6.2 N | AME | | |

14. I hereby certify that the information supplied with his 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 sue 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 of trusted 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 attachmental and address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

407-423-2371

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90053 018 ***150.00