

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

96 SEP -4 AM 10:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 665988  
 1. Corporation Name

DREW UNLIMITED, INC.

Principal Place of Business Mailing Address  
 4850 Blue Jay Circle 475 Woolwich Street  
 Palm Harbor, FL 34683 Waterloo, Ontario  
 Canada N2K3V1

3. Date Incorporated or Qualified 07/15/1991  
 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3114745	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	Zip	<input type="checkbox"/>	
23	Country	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			<input type="checkbox"/>	
24		28. 34615	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 GREGORY L. GRESHAM  
 918A Drew Street  
 Clearwater, FL 34615

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ DATE 8/23/96  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	DROUMTSEKAS, CHRIS	
STREET ADDRESS	475 Woolwich Street	
CITY-ST-ZIP	Waterloo, Ontario	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DROUMTSEKAS, CHRIS	
STREET ADDRESS	475 Woolwich Street	
CITY-ST-ZIP	Waterloo, Ontario	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	000001955940
2.2 NAME	-09/25/96--01025--009
2.3 STREET ADDRESS	****225.00
2.4 CITY-ST-ZIP	****225.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chris Droumtsekas* DATE: 8/13/96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 By Gregory L. Gresham, AIF

CR2E034 (3/96)