

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

FILED

**Mar 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # S65988 (5)

1. Corporation Name
DREW UNLIMITED, INC.



Principal Place of Business
**4850 BLUE JAY CIRCLE
PALM HARBOR FL 34683**

Mailing Address
**475 WOOLWICH STREET
WATERLOO ONTARIO, CANADA N2K3V1**

3. Date Incorporated or Qualified **07/15/1991** 3a. Date of Last Report **09/04/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3113745** Applied For Not Applicable

21. State, Apt. #, etc. 26. State, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip Country 25. Country 29. **N2K3V1** 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRESHAM, GREGORY L
918A DREW STREET
CLEARWATER FL 34615**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DROUNTSEKAS, CHRIS | 1.2 NAME | |
| STREET ADDRESS | 475 WOOLWICH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATERLOO, ONTARIO | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DROUNTSEKAS, CHRIS | 2.2 NAME | |
| STREET ADDRESS | 475 WOOLWICH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WATERLOO, ONTARIO | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Chris Drountsekas* **March 12/97 (519) 745-1221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page # Page #

CR2E034 (9/96)