

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

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**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		Applied For	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		59-3113745		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		27 City & State		Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
24		25		29 N2K3V1		30	
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	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROUMTSEKAS, 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	DROUMTSEKAS, 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 Droumtsekas* **DATE:** *March 12/97* **PHONE:** *(519) 745-1221*

CR2E034 (9/96)