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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90038 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S65988

1. Corporation Name
DREW UNLIMITED, INC.

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

Mailing Address
475 WOOLWICH ST. N.
WATERLOO, ONTARIO, CANADA N2K 3V1
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1991

4. FEI Number
59-3113745
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 the current year Intangible Personal Property Tax.

2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. City & State
24. Zip
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
GRESHAM, GREGORY L
918A DREW STREET
CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81 Name
TROUP + ASSOCIATES CPAs, PA
82 Street Address (P.O. Box Number is Not Acceptable)
7777 131st STREET N, SUITE 7
83
84 City
SEMINOLE FL
85 Zip Code
33776

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 GREGORY L. GRESHAM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 19/99 (519) 745-1221
Date Daytime Phone #

CR2E034 (11/98)