

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15644 (8)**

1. Corporation Name
DRACOM SYSTEMS, INC.



Principal Place of Business
**3550 HWY 317
SUITE 118
SUWANEE GA 30174**

Mailing Address
**3550 HWY 317
SUITE 118
SUWANEE GA 30174**

2. Principal Place of Business
21 **4445 COMMERCE DR**
Suite, Apt. #, etc.
22
City & State
23 **BUFORD, GA**
Zip
24 **30518** Country
25 **USA**

2a. Mailing Address
26 **4445 COMMERCE DR**
Suite, Apt. #, etc.
27
City & State
28 **BUFORD, GA**
Zip
29 **30518** Country
30 **USA**

3. Date Incorporated or Qualified
06/19/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
58-1638771

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 has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DRAA, ANN
890 POINSETTIA AVENUE
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent
81 Name **ROSEANNA WATKINSON**
82 Street Address (P.O. Box Number is Not Acceptable)
775 SW GRIFFON AVE
83
84 City **PALM BAY** FL 85 Zip Code
32908

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: *Roseanna Watkinson* **ROSEANNA WATKINSON, SECRETARY** 5/31/96
Date

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DRAA, JAMES ALLEN	
STREET ADDRESS	4317-J FORTUNE PLACE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROUGHTON, JAY	
STREET ADDRESS	3550 HWY 317, STE 118	
CITY-ST-ZIP	SUWANEE GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATKINSON, ROSEANNA	
STREET ADDRESS	4317-J FORTUNE PLACE	
CITY-ST-ZIP	W MELBOURNE FL	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	125 EAST DR
4. CITY-ST-ZIP	MELBOURNE, FL 32904
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	4445 COMMERCE DR
8. CITY-ST-ZIP	BUFORD, GA. 30518
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	125 EAST DR.
12. CITY-ST-ZIP	MELBOURNE, FL 32904
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay Broughton* **JAY BROUGHTON** 4/12/96 (770) 932-1128
Date Date of Filing

CR2E034 (12/95)