

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: **4445 COMMERCE DR**
2a. Mailing Address: **4445 COMMERCE DR**
23. City & State: **BUFORD, GA**
24. Zip: **30518** 25. Country: **USA**
27. City & State: **BUFORD, GA**
28. Zip: **30518** 29. Country: **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. City: **PALM BAY** 84. State: **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

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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if deleted, or on an attachment with an address.

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

CR2E034 (12/95)