

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

98 MAR 10 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DOCUMENT # **P15644** (8)
 1. Corporation Name
DRACOM SYSTEMS, INC.



Principal Place of Business Mailing Address
4445 COMMERCE DRIVE SUITE 118 BUFORD GA 30518 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1987** 3a. Date of Last Report **05/01/1986**
 4. FEI Number **58-1638771** 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **125 EAST DRIVE** 26 **125 EAST DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Melbourne, FLA** 27
 City & State City & State
 23 Zip Country 28 **Melbourne, FLA**
 24 **32904** 25 **USA** 29 **32904** 30 **USA**

9. Name and Address of Current Registered Agent
ROSEANNA WATKINSON
775 S.W. GRIFFEN AVENUE
PALM BAY FL 32908

10. Name and Address of New Registered Agent
 81 Name **James A. Futch**
 82 Street Address (P.O. Box Number is Not Acceptable)
4192 Algon Road
 83
 84 City **Melbourne** FL 85 Zip Code **32935**

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 *James A. Futch*
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DRAA, JAMES ALLEN	
STREET ADDRESS	125 EAST DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROUGHTON, JAY	
STREET ADDRESS	4445 COMMERCE DRIVE	
CITY-ST-ZIP	BUFORD GA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WATKINSON, ROSEANNA	
STREET ADDRESS	125 EAST DRIVE	
CITY-ST-ZIP	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

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SECRETARY	
1.3 STREET ADDRESS	DRAA, JAMES ALLEN	
1.4 CITY-ST-ZIP	125 EAST DRIVE	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT 97-98

600002453986--2
 -03/11/98--01068--020
 ****550.00 ****550.00
 600002453986--2
 -03/11/98--01068--021
 ****200.00 ****200.00
 3/10/98
 600002453986--2
 -03/11/98--01068--022
 ****158.75 ****158.75

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: *James A. Futch* SIGNATURE REQUIRED

CR2E034 (4/97)