

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** **4445 COMMERCE DRIVE**  
**SUITE 118** **SUITE 118**  
**BUFORD GA 30518** **BUFORD GA 30518**  
**US** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>125 EAST DRIVE</b>		26 <b>125 EAST DRIVE</b>		<b>08/19/1987</b>		<b>05/01/1986</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 <b>Melbourne, FLA</b>		27 <b>Melbourne, FLA</b>		<b>58-1638771</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip <b>32904</b> Country <b>USA</b>		28 Zip <b>32904</b> Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>32904</b> 25 <b>USA</b>		29 <b>32904</b> 30 <b>USA</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROSEANNA WATKINSON</b> <b>775 S.W. GRIFFEN AVENUE</b> <b>PALM BAY FL 32908</b>				81 Name <b>James A. Futch</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4192 Algon Road.</b>			
				83			
				84 City <b>Melbourne</b> FL 85 Zip Code <b>32935</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<b>S</b>	<b>SECRETARY</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>DRAA, JAMES ALLEN</b>		1.2 NAME	<b>DRAA, JAMES ALLEN</b>			
STREET ADDRESS	<b>125 EAST DRIVE</b>		1.3 STREET ADDRESS	<b>125 EAST DRIVE</b>			
CITY-ST-ZIP	<b>MELBOURNE FL</b>		1.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	<b>BROUGHTON, JAY</b>		2.2 NAME				
STREET ADDRESS	<b>4445 COMMERCE DRIVE</b>		2.3 STREET ADDRESS	<b>600002453986--2</b>			
CITY-ST-ZIP	<b>BUFORD GA</b>		2.4 CITY-ST-ZIP	<b>-03/11/98--01068--020</b>			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				
NAME	<b>WATKINSON, ROSEANNA</b>		3.2 NAME	<b>600002453986--2</b>			
STREET ADDRESS	<b>125 EAST DRIVE</b>		3.3 STREET ADDRESS	<b>-03/11/98--01068--021</b>			
CITY-ST-ZIP	<b>MELBOURNE FL</b>		3.4 CITY-ST-ZIP	<b>****550.00 ****550.00</b>			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	<b>REINSTATEMENT 97-98</b>			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				
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				
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>600002453986--2</b>			
				<b>-03/11/98--01068--022</b>			
				<b>****158.75 ****158.75</b>			

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)