

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P32427 (7)

1. Corporation Name  
**DRAX ASSOCIATES, INC.**



Principal Place of Business: 3355 FORT CHARLES DRIVE NAPLES FL 33940  
Mailing Address: 3355 FORT CHARLES DRIVE NAPLES FL 33940

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/09/1991</b>   | 3a. Date of Last Report<br><b>03/07/1995</b>           |
| 4. FEI Number<br><b>58-1922532</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>281 Broad Ave S.</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>281 Broad Ave S.</b><br>Suite, Apt. #, etc. |
| 22  | 27   |
| 23 City & State<br><b>NAPLES, FL</b>  | 28 City & State<br><b>NAPLES FL</b>                                      |
| 24 Zip<br><b>33940</b>  | 25 Country<br><b>USA</b>   |
| 29 Zip<br><b>33940</b>  | 30 Country<br><b>USA</b>   |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b> | 10. Name and Address of New Registered Agent |
| 81 Name   |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
| 83  |  |
| 84 City   | 85 Zip Code<br><b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---------------------------------|---|--|
| TITLE<br><b>PT</b>                           | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>VICE PRESIDENT</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>VON LIEBIG, WILLIAM J.</b>        |                                 | 1.2 NAME<br><b>BURTON KANTER</b>                      |  |
| STREET ADDRESS<br><b>3355 FT CHARLES DR.</b> |                                 | 1.3 STREET ADDRESS<br><b>&amp; NORTH CASALLE</b>      |  |
| CITY-ST-ZIP<br><b>NAPLES FL</b>              |                                 | 1.4 CITY-ST-ZIP<br><b>CHICAGO IL 60602</b>            |  |
| TITLE<br><b>S</b>                            | <input type="checkbox"/> DELETE | 2.1 TITLE<br><b>Asst. Secretary + Asst. Treasurer</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>VON LIEBIG, SUZANNE</b>           |                                 | 2.2 NAME<br><b>Kinda Ananthamita</b>                  |  |
| STREET ADDRESS<br><b>3355 FT CHARLES DR.</b> |                                 | 2.3 STREET ADDRESS<br><b>1859 MISSION DR</b>          |  |
| CITY-ST-ZIP<br><b>NAPLES FL</b>              |                                 | 2.4 CITY-ST-ZIP<br><b>NAPLES FL 33942</b>             |  |
| TITLE  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 3.2 NAME  |  |
| STREET ADDRESS                               |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                  |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 4.2 NAME  |  |
| STREET ADDRESS                               |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                  |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | 6.2 NAME  |  |
| STREET ADDRESS                               |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                  |                                 | 6.4 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 changed, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/19/96** DAYTIME PHONE #: **941 262 3828**

CR2E034 (12/95)