

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 19 1998 8:00am
Secretary of State

DOCUMENT # P32427 (7)
1. Corporation Name
DRAX ASSOCIATES, INC.

Principal Place of Business

Mailing Address

281 BRAD AVE S
NAPLES FL 33940
US

281 BROAD AVE S
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	8889 LAUGHAN BAY BLVD.	26	8889 LAUGHAN BAY BLVD.
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	403	27	403
	City & State		City & State
23	NAPLES, FL	28	NAPLES, FL
	Zip Country		Zip Country
24	34108	25	USA
		29	34108
		30	U.S.A.

3. Date Incorporated or Qualified

01/09/1991

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

B1	Name
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Street Address (P.O. Box Number is Not Acceptable)

83

84	City
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FL

85	Zip Code
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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

Signature, typed or printed name of registered agent and firm, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT VON LIEBIG, WILLIAM J. 3355 FT CHARLES DR. NAPLES FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VON LIEBIG, SUZANNE 3355 FT CHARLES DR. NAPLES FL	<input type="checkbox"/> DELETE	SOME SOME 4351 GULF SHORE BLVD. NORTH 83 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KANTER, BURTON 2 NORTH LASALLE CHICAGO IL	<input type="checkbox"/> DELETE	SOME SOME 4351 GULF SHORE BLVD. NORTH 83 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT HAMILTON, LINDA ANN 1899 MISSION DR NAPLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 officer 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 addendum.

SIGNATURE:

Linda Ann Hamilton 3/12/98 941-513-2229

CP2E034 (10/97)