

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90268 029 \*\*\*150.00

DOCUMENT # P32427

1. Corporation Name

DRAX ASSOCIATES, INC.

Principal Place of Business

8889 PELICAN BEAY BLVD  
403  
NAPLES FL 34108  
US

Mailing Address

8889 PELICAN BAY BLVD  
403  
NAPLES FL 34108  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1991

4. FEI Number

58-1922532

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 8889 PELICAN BAY BLVD

27 City & State

23 City & State

28 Zip

24 Zip

25 Country

29 Zip

30 Country

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

81 Name

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

83

84 City

FL

85 Zip Code

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 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 PT ☒ DELETE  
NAME VON LIEBIG, WILLIAM J.  
STREET ADDRESS 4351 GULF SHORE BLVD NORTH 53  
CITY-ST-ZIP NAPLES FL 34103

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S ☒ DELETE  
NAME VON LIEBIG, SUZANNE  
STREET ADDRESS 4351 GULF SHORE BLVD NORTH 53  
CITY-ST-ZIP NAPLES FL 34103

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME KANTER, BURTON  
STREET ADDRESS 2 NORTH LASALLE  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME P/S/T/D  
3.3 STREET ADDRESS KANTER, BURTON W  
3.4 CITY-ST-ZIP 2 NORTH LASALLE  
CHICAGO, IL 60602

TITLE ASAT ☐ DELETE  
NAME HAMILTON, LINDA ANN  
STREET ADDRESS 1899 MISSION DR  
CITY-ST-ZIP NAPLES FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VP/AS  
4.3 STREET ADDRESS HAMILTON, LINDA ANN  
4.4 CITY-ST-ZIP 8889 PELICA BAY BLVD SUITE 403  
NAPLES, FL 34108

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Linda Ann Hamilton, 04/26/99 (941) 513-2229

CR2E034 (11/98)

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