


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

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

04-29-1999 90268 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1991	4. FEI Number 58-1922532	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 8889 PELICAN BAY BLVD City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	VON LIEBIG, WILLIAM J.	
STREET ADDRESS	4351 GULF SHORE BLVD NORTH 53	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VON LIEBIG, SUZANNE	
STREET ADDRESS	4351 GULF SHORE BLVD NORTH 53	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KANTER, BURTON	
STREET ADDRESS	2 NORTH LASALLE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	HAMILTON, LINDA ANN	
STREET ADDRESS	1899 MISSION DR	
CITY-ST-ZIP	NAPLES 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> 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
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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
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	

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

CR2E034 (11/98)