

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 # P93000057424 (2)

1. Corporation Name  
DRIKRAFT INC.



Principal Place of Business

1930 SW 70 TERR.  
PLANTATION FL 33317

Mailing Address

1930 SW 70 TERR.  
PLANTATION FL 33317

3. Date Incorporated or Qualified 08/16/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0437730	Applied For 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent

HEITNER, LAURA  
1930 SW 70 TERR.  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

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 <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITNER, LAURA	1.2 NAME	HEITNER, LAURA
STREET ADDRESS	1930 SW 70 TERR.	1.3 STREET ADDRESS	1930 SW 70 TERR.
CITY - ST - ZIP	PLANTATION FL 33317	1.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITNER, ANDREW	2.2 NAME	HEITNER ANDREW
STREET ADDRESS	1930 SW 70 TERR.	2.3 STREET ADDRESS	1930 SW 70 TERR.
CITY - ST - ZIP	PLANTATION FL 33317	2.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RUSS, ROY
STREET ADDRESS		3.3 STREET ADDRESS	3001 SW 15 ST
CITY - ST - ZIP		3.4 CITY - ST - ZIP	DEERFIELD BCH, FL 33442
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RUSS, ROY
STREET ADDRESS		4.3 STREET ADDRESS	3001 SW 15 ST.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	DEERFIELD BCH, FL 33442
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 on an attachment with an address.

SIGNATURE:

*Laura Heitner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

954 420 0866

Daytime Phone #

CR2E034 (12/95)