

5-12-97 B-6891 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33317-5010**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/16/1993</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 <b>3001 SW 15 St.</b>		26 <b>3001 SW 15 St.</b>		4. FEI Number <b>65-0437730</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 <b>Suite A</b>		Suite, Apt. #, etc. 27 <b>Suite A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State 23 <b>Deerfield Beach, FL</b>		City & State 28 <b>Deerfield Beach, FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip 24 <b>33442</b>	Country 25 <b>USA</b>	Zip 29 <b>33442</b>	Country 30 <b>USA</b>				

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	<b>Heitner Laura</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3001 SW 15 St.</b>
83	<b># Suite A</b>
84 City	<b>Deerfield Beach FL</b>
85 Zip Code	<b>33442</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: **LAURA HEITNER PRES** *Laura Heitner* **4/25/97**  
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEITNER, LAURA</b>	1.2 NAME	
STREET ADDRESS	<b>1930 SW 70TH TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEITNER, ANDREW</b>	2.2 NAME	
STREET ADDRESS	<b>1930 SW 70 TERR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSS, ROY</b>	3.2 NAME	
STREET ADDRESS	<b>3001 SW 15 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSS ROY</b>	4.2 NAME	
STREET ADDRESS	<b>3001 SW 15TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>	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 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 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, PRES** *Laura Heitner* **4/25/97 9544200866**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)