FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000063728 (8)**

1. Corporation Name
DRAPER, INC.

Principal Place of Business	Mailing Address
C/O THE COFFEE BEANERY, LTD. 18709 BISCAYNE BLVD. NORTH MIAMI FL 33180	C/O THE COFFEE BEANERY, LTD. 18709 BISCAYNE BLVD. NORTH MIAMI FL 33180-2815

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0439296 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 693 SEAVIEW COURT
Suite, Apt. #, etc.
22 A-407
City & State
23 MARCO ISLAND, FL.
Zip 24 34145
County 25 COLLIER

2a. Mailing Address
26 693 SEAVIEW COURT
Suite, Apt. #, etc.
27 A-407
City & State
28 MARCO ISLAND, FL.
Zip 29 34145
County 30 COLLIER

9. Name and Address of Current Registered Agent
DRAPER, THOMAS P
C/O THE COFFEE BEANERY, LTD.
18709 BISCAYNE BLVD.
NORTH MIAMI FL 33180

10. Name and Address of New Registered Agent
81 Name: DRAPER, THOMAS F.
82 Street Address (P.O. Box Number is Not Acceptable): 693 SEAVIEW COURT
83 A-407
84 City: MARCO ISLAND, FL 85 Zip Code: 34145

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: THOMAS F. DRAPER 4/23/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	DRAPER, THOMAS F		1.2 NAME	DRAPER, THOMAS F.	
STREET ADDRESS	16531 NW 36 AVE		1.3 STREET ADDRESS	693 SEAVIEW COURT A-407	
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	DRAPER, BONNIE J		2.2 NAME	DRAPER, BONNIE J.	
STREET ADDRESS	16531 NW 35 AVE		2.3 STREET ADDRESS	693 SEAVIEW COURT A-407	
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	DRAPER, TODD		3.2 NAME	DRAPER, TODD T.	
STREET ADDRESS	16531 NE 35 AVE		3.3 STREET ADDRESS	693 SEAVIEW COURT A-407	
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4 CITY-ST-ZIP	MARCO ISLAND, FL. 34145	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: THOMAS F. DRAPER 4/23/97