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

FILED May 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P93000063728 (8) DRAPER, INC. Principal Place of Business Mailing Address 693 SEAVIEW CT 693 SEAVIEW CT DO NOT WRITE IN THIS SPACE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 3. Date Incorporated or Qualified 09/08/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0439296 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Žip Country 8. This corporation owes or has paid the current year Intaggible Yes 24 25 30 Personal Property Tax due Jurie 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DRAPER, THOMAS(P) CHONGE TO F 693 SEAVIEW CT B2 Street Address (P.O. Box Number is Not Acceptable) A-407 83 MARCO ISLAND FL 34145 84 City 65 Zip Code Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to compare the corporation of the 11. Purculant to SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Chappe TITLE 1.1 TITLE DRAPER, THOMAS F NAME 1.2 NAME 693 SEAVIEW CT., A-407 STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DRAPER, BONNIE J NAME 2.2 NAME 693 SEAVIEW CT., A-407 STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE DRAPER, TODD NAME 3.2 NAME 693 SEAVIEW CT., A-407 STREET ADDRESS 3.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 3.4. CITY-ST-2IP TITLE DELETE 4.1 TATLE Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME

14. I hereby certify the 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 is supplemental adjust teport 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 13 in banged, or on an alter briefly a address.

63 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

120190

(921) 392-8795