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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063802 (1)

COMPUDRAFT, INC.

Principal Place		s		Mailing Address 3021 GOLDEN ROCK DR.							
ORLANDO FL 32818				ORLANDO FL 32818-3313							
US			US	05				3. Date Incorporated or Qualific 09/07/1993	3a. Date of Last Report 04/24/1996		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For			
21				26				59-3201864 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	ļ,	Zip Gountry			<i>t</i>	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 29 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20				30			Florida Statutes Yos No 10, Name and Address of New Registered Agent			
	 -		ent Regist	ered Agent		81	Name	10. Name and Address of New	Hegiste	rea Agent	
PATRICK, MADONNA L						0'	Name				
3021 GOLDEN ROCK DR.							Street A	ddress (P.O. Box Number is Not Accep	otable)		
ORLANDO FL 32818											
						84	City		I	FL 85 Zg	o Code
				7 4 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		<u> </u>	L	and the substitute of the statement for the			ila registered
office or r	edistered ac	gent, or both, in the Sta ith, and accept the obl	te of Florid	a. Such change wa	is authorizo	d b	y the corpo	orporation submits this statement for the oration's board of directors. I hereby ac	cept the	appointment a	is registered
SIGNATURE											
	Signature types	or printed name of registered a				d Ag	ent signature n	equired when reinstating)	DA		200 IN 40
12.	PVDC	OFFICERS A	ND DIREC	TORS DELETE	13. 1.1 T	a.c		ADDITIONS/CHANGES TO O	FICERS	Change	~~
TITLE		MADONINA I		L DETER	1,2 N					L_1 Ontailge	
NAME	PATRICK, MADONNA L 3021 GOLDEN ROCK DR.						* **********				
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NAME		, MADONNA L		2.2							
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1	ORLAND						ST-ZIP				
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CITY-ST-ZIP							ST-7IP				
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TITLE				DELETE	6.1	ITLE				☐ Change	e 🔲 Addition
NAME					621	NAME					l
STREET ADDRESS					633	STREE	T ADDRESS				ļ

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 eath; 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.