

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000092917 (0)**

1. Corporation Name
DRAX HOLDINGS, INC.



Principal Place of Business: **C/O GULF TAX INC. BRIAN LIGHT 6860 GULFPORT BLVD. SUITE 900 ST PETERSBURG FL 33707-2108**
Mailing Address: **C/O GULF TAX INC. BRIAN LIGHT 6860 GULFPORT BLVD. SUITE 900 ST PETERSBURG FL 33707-2108**

3. Date Incorporated or Qualified: **12/07/1995**
3a. Date of Last Report
4. FEI Number: **36-402507**
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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**GULF TAX INC.
C/O BRIAN LIGHT
6860 GULFPORT BLVD SUITE 900
ST PETERSBURG FL 33707-2108**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and the filer (if filer is not the registered agent) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHROEDER, EIKE	
STREET ADDRESS	6860 GULFPORT BLVD SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL 33707-2108	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIGHT, BRIAN	
STREET ADDRESS	6860 GULFPORT BLVD SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL 33707-2108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SCHROEDER, EIKE	
13 STREET ADDRESS	6860 GULFPORT BLVD. SUITE # 900	
14 CITY-ST-ZIP	ST. PETERSBURG, FL. 33707-2108	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LIGHT, BRIAN, "GULF TAX INC"	
23 STREET ADDRESS	6860 GULFPORT BLVD. SUITE # 900	
24 CITY-ST-ZIP	ST. PETERSBURG, FL. 33707-2108	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	100001828531	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-05/20/96--01029--012	
E3 STREET ADDRESS	***200.00	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
E2 NAME		
63 STREET ADDRESS		
64 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: **B.J. Light** **BRIAN J. LIGHT** - SECRETARY **4/24/96** (813) 345 7359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)