

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996, AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**AMENDED AIR**  
\$601.25

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
96 DEC -4 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000092917 (0)  
1. Corporation Name

DRAX HOLDINGS INC.

Principal Place of Business Mailing Address  
c/o GULF TAX INC 50 GULF TAX INC  
6860 GULFPORT BLVD, 6860 GULFPORT BLVD  
SUITE 900 SUITE 900  
ST. PETERSBURG FL 33707-2108 ST. PETERSBURG FL 33707-2108

2. Principal Place of Business % GULF TAX INC 2a. Mailing Address % GULF TAX INC  
21 6860 GULFPORT BLVD 26 6860 GULFPORT BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 SUITE 900 27 SUITE 900  
City & State City & State  
23 ST. PETERSBURG, FL 28 ST. PETERSBURG FL  
Zip Country Zip Country  
24 33707-2108 25 USA 29 33707-2108 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
12/7/1995 4/29/96  
4. FEI Number Applied For  
36-4052504 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

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  
FL 85 Zip Code

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

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, EIKE	1.2 NAME	REMOVED
STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707-2108	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGHT BRIAN	2.2 NAME	PI/MS/D LIGHT BRIAN
STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900	2.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900
CITY-ST-ZIP	ST. PETERSBURG FL 33707-2108	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33707-2108
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP LIGHT, GRETAVD
STREET ADDRESS		3.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33707-2108
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	800002021708
NAME		5.2 NAME	-12/06/96--01014--022
STREET ADDRESS		5.3 STREET ADDRESS	*****61.25 *****61.25
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B. Light BRIAN S. LIGHT (PRESIDENT/SEC) 12/2/96 (813) 345 0601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)