

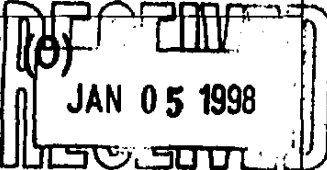
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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



DOCUMENT # **P95000092917**
 1. Corporation Name
DRAX HOLDINGS, INC.



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

Mailing Address: **C/O GULF TAX INC. 6860 GULFPORT BLVD. SUITE 900 ST PETERSBURG FL 33707-2108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1995**

4. FEI Number: **36-4052504**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	LIGHT, GERTRUDE	
STREET ADDRESS	6860 GULFPORT BLVD SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LIGHT, GERALD	
STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WANDER, JOACHYM	
STREET ADDRESS	EUROPS CENTER- 16 OG	
CITY-ST-ZIP	BERLIN GE	
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

1.1 TITLE	DIRECTRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERTRUDE LIGHT	
1.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900	
1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707-2108	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOACHIM WANDER	
3.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900	
3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707-2108	
4.1 TITLE	D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GULF TAX INC - BRIAN LIGHT	
4.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE 900	
4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707-2108	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **B. Light** **B. LIGHT - Sec** **4/22/98** **813 345 0601**

CFR2034 (10/97)