

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054058 (8)**

1. Corporation Name
DRAA SPECIALTY METALS, INC.



Principal Place of Business 4180 SKYWAY DRIVE PORT ST. JOHN FL 32927	Mailing Address 4180 SKYWAY DRIVE PORT ST. JOHN FL 32927-8642
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-3385856		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent DRAA, GINGER L 4180 SKYWAY DRIVE PORT ST. JOHN FL 32927				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
				LYNNDEL L. DRAA 4180 SKYWAY DRIVE			
83				84 City			
				PORT ST. JOHN FL 32927			

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: *Ronald J. DRAA* **LYNN L. DRAA, SECRETARY** 4/25/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAA, RON S	1.2 NAME	
STREET ADDRESS	4180 SKYWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAA, ERIC L	2.2 NAME	
STREET ADDRESS	4180 SKYWAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAA, TREVOR A	3.2 NAME	
STREET ADDRESS	4180 SKYWAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAA, LYNNDEL L	4.2 NAME	SD DRAA, LYNNDEL L
STREET ADDRESS	4180 SKYWAY DRIVE	4.3 STREET ADDRESS	4180 SKYWAY DRIVE
CITY-ST-ZIP	PORT ST. JOHN FL 32927	4.4 CITY-ST-ZIP	PORT ST. JOHN, FL 32927
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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: *Ronald J. DRAA* **RON J. DRAA, PRESIDENT** 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)