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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074830 (6)

THE DRAIT CORPORATION Principal Place of Business Mailing Address 10113 WHIPPOORWILL LANE 10113 WHIPPOORWILL LANE 1735 DEERWOOD POINTE 1735 DEERWOOD POINTE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3417072 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes □ No 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 10013 WHIPPOORWILL LANE Street Address (P.O. Box Number is Not Acceptable) 1735 DEERWOOD POINTE 83 JACKSONVILLE FL 32256 64 City Zip Code 11. Pursuant to the provisions of Soctions 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 objigations of Soction 607.0505, Florida Statutes.

SIGNATURE no ol registered agent and alle if applicable (NOTE Registered Agent signature required when reinstating) 12. TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES 13. TITLE DELETE 1 1 TITLE DAVID R. AIT SUSANE, AIT E034 NAME 1.2 NAME 10113 WHIPPOORWILL LANE, #1735 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition T(T) F 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

9046 41-2085

FILED

Apr 01 1998 8:00am

Secretary of State