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

PROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000065189**

1. Corporation Name

DRAPER ENTERPRISES, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 026 ***150.00

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Principal Place of Business Mailing Address						
123 EAST PARK	(AVENUE	123 EAST PARK AVENUE				
LAKE WALES FL 33853 LAKE WALES FL 33853						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						07/29/1997
2 Principal Bl	ace of Business	2a. Mailing Address	-			4. FEI Number Applied For
	ace of pusifiess	⊢ •	-, *			59-3460091 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite Ant # etc			\$8.75 Additional
	·	× 27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. ☑ Yes □ No
	9. Name and Address of Curren		<u> </u>			10. Name and Address of New Registered Agent
				81	Name	
DRAI	PER, LORETTA H		}	-		(D.O. Bery Number in Net Acceptable)
123			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
LAKE	E WALES FL 33853		j	83		t control of the cont
			Ì			
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the at	oove	-named corpo	pration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by t	the corporation	n's board of directors. I hereby accept the appointment as registered
SIGNATURE	, , ,	•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE		Agent	t signature required	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 177	LΕ		☐ Change ☐ Addition
NAME .	DRAPER, LORETTA H		1.2 NA	ME		
STREET ADDRESS	706 CARLTON AVENUE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CII	ry-st	-ZIP	
πιε	D .	☐ DELETE	2.1 111	Œ		☐ Change ☐ Addition
NAME	DRAPER, MICHAEL H		2.2 NA	ME		
STREET ADDRESS	706 CARLTON AVENUE	nord vicense	2.3 <u>S</u> T	REET	ADDRESS	The state of the s
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CI	1Y-S1	T-ZIP	
TITLE .	5.77	☐ DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	·
CITY-ST-ZIP			3,4, CI	TY-SI	T-ZIP	
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME			4.2 N	ME		,
STREET ADDRESS	• •		4.3 ST	REET	ADORESS	•
CITY-ST-ZIP	•		4.4 CT	TY-ST	-ZIP	,
TITLE		☐ DELETE	5.1 TIT	_		. Change Addition
NAME			5.2 NA	ME	Į	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	•	•	5.3 ST	REET	ADDRESS	
			5.4 CI	TY-ST	r-ZIP	
CITY-\$T-ZIP TITLE		DELETE	6.1 TIT			☐ Change ☐ Addition
	e e e e e e e e e e e e e e e e e e e		6.2 NA			
NAME :		••			ADDRESS	
STREET ADDRESS			6.4 CI			
CITY-ST-ZIP	1		0.4 CI	1-01	- 417	

CTY-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, with all other like empowered.

SIGNATURE: