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**Jan 16 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 # P22638 (1)

1. Corporation Name
DRIBECK IMPORTERS, INC.



Principal Place of Business 57 OLD POST ROAD #2 P.O. BOX 4000 GREENWICH CT 06830-0337 US	Mailing Address 57 OLD POST ROAD #2 P.O. BOX 4000 GREENWICH CT 06830-0337 US
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3. Date Incorporated or Qualified 01/20/1989	3a. Date of Last Report 01/26/1996
4. FEI Number 06-1245378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____ DATE _____
S: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	ABBATIello, VIRGIL	
STREET ADDRESS	151 BUTLER ST	
CITY-ST-ZIP	WESTBURY NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ANGELO, THOMAS	
STREET ADDRESS	141 BARLOW PLACE	
CITY-ST-ZIP	FAIRFIELD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BARNARD, RONALD L.	
STREET ADDRESS	1500 ST MARKS COURT	
CITY-ST-ZIP	EVANSTON IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRISON, ROBIN	
STREET ADDRESS	551 SIERRA VISTA LANE	
CITY-ST-ZIP	VALLEY COTTAGE NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, DAVID	
STREET ADDRESS	9 THE MEWS	
CITY-ST-ZIP	WESTPORT CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *Thomas Angelo* **THOMAS ANGELO** **1/3/97** **203 622 1124**

Date Daytime Phone #

0001178

CR2E034 (9/96)