

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 JUL 20 PM 5:33

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wesley B. Murphree
Governor of Florida
Tallahassee, Florida 32399-0001

DOCUMENT # **P36548** (6)

DRAKE STUDIO, LTD. INCORPORATED

1. Principal Place of Business		2a. Mailing Address	
4801 EXECUTIVE PARK CT. SUITE 203 JACKSONVILLE FL 32216 US		10435 SEYMOUR AVE FRANKLIN PK IL 60131 US	
2. Principal Place of Business	2a. Mailing Address	4. FED Number	3a. Date of Last Report
21	26	36-3570406	05/01/1994
22	27	5. Certificate of Status Desired	Applied For
23	28	6. Election Campaign Financing Trust Fund Contribution	Not Applicable
24	29	7. This corporation has liability for intangible tax under § 199.02	8.75 Additional Fee Required
25	30	8. This corporation has liability for intangible tax under § 199.02	5.00 May Be Added to Fees

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEAL, LARRY 4801 EXECUTIVE PK CT SUITE 203 JACKSONVILLE FL 32216		B1. Name	B5. Zip Code
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	FL
		B4. City	

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation certifies that statement for the purpose of changing its registered office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. This statement will, and as to the obligatoriness, be deemed to be a true and correct statement.

SIGNATURE: *N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	CD GLASSER, ERROL EASTEND CAPITAL/595 MADISON AVE, 35TH FL NEW YORK NY	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PAWLISH, MICHAEL 10435 SEYMOUR AVENUE FRANKLIN PARK IL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOELKIER, ZEBRA C EAST 54TH STREET NEW YORK NY	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ART BYLIN, AUDUBON PARTNE 45 AUDUBON LANE PRINCETON NJ	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****225.00 ****225.00

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14. I, the undersigned, certify that the information required by this filing is voluntarily furnished and is true and correct, and that I am duly qualified to sign this report 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 at the time of filing this report and that my name appears on the back of the Florida Department of State's official record of this filing.

SIGNATURE: *M. J. Pawlish* President