

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36548 (6)

1. Corporation Name
DRAKE STUDIO, LTD. INCORPORATED



Principal Place of Business
**4815 EXECUTIVE PARK CT
 SUITE 201
 JACKSONVILLE FL 32216
 US**

Mailing Address
**10435 SEYMOUR AVE.
 FRANKLIN PK IL 60131
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 25 Suite, Apt. #, etc.
 27 City & State
 29 Zip Country

3. Date Incorporated or Qualified
12/05/1991

4. FEI Number
36-3570406

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BROUGHTON, GEORGE C
 4815 EXECUTIVE PARK CT
 SUITE 201
 JACKSONVILLE FL 32216**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GLASSER, ERROL	
STREET ADDRESS	EASTENO CAPITAL/595 MADISON AVE, 35TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARKNESS, KENNETH K	
STREET ADDRESS	10435 SEYMOUR AVENUE	
CITY-ST-ZIP	FRANKLIN PARK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOELKIER, ZEBRA C	
STREET ADDRESS	EAST 54TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ART BYLIN, AUDUBON PARTNE	
STREET ADDRESS	45 AUDUBON LANE	
CITY-ST-ZIP	PRINCETON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Vice President + CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IVAN H. BARKE
5.3 STREET ADDRESS	10435 SEYMOUR AVE
5.4 CITY-ST-ZIP	FRANKLIN PARK, IL 60131
6.1 TITLE	G.P. of Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	George C. Broughton
6.3 STREET ADDRESS	4815 EXECUTIVE PARK CT, STE 201
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216

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.

SIGNATURE _____ DATE 4/15/98 842-121-5548

CR2E034 (10/97)