

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

FILED

Feb 06, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-06-1999 90011 042 ***150.00

DOCUMENT # P36548

1. Corporation Name
DRAKE STUDIO, LTD. INCORPORATED



DO NOT WRITE IN THIS SPACE

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

Mailing Address
10435 SEYMOUR AVE.
FRANKLIN PK IL 60131
US

3. Date Incorporated or Qualified
12/05/1991

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
36-3570406

Applied For
Not Applicable

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROUGHTON, GEORGE C
4815 EXECUTIVE PARK CT
SUITE 201
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
NAME GLASSER, ERROL
STREET ADDRESS EASTENO CAPITAL/595 MADISON AVE, 35TH FL
CITY-ST-ZIP NEW YORK, NY

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME HARKNESS, KENNETH K
STREET ADDRESS 10435 SEYMOUR AVENUE
CITY-ST-ZIP FRANKLIN PARK IL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME JOELKIER, ZEBRA C
STREET ADDRESS EAST 54TH STREET
CITY-ST-ZIP NEW YORK, NY

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VCFO DELETE
NAME BERKE, IVAN H
STREET ADDRESS 10435 SEYMOUR AVE
CITY-ST-ZIP FRANKLIN PARK IL 30131

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME ART BYLIN, AUDUBON PARTNE
STREET ADDRESS 45 AUDUBON LANE
CITY-ST-ZIP PRINCETON NJ

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VOO DELETE
NAME BROUGHTON, GEORGE C
STREET ADDRESS 4815 EXECUTIVE PARK CT., SUITE 201
CITY-ST-ZIP JACKSONVILLE FL 32216

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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: *IVAN H. BERKE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 847-671-5545
Date Daytime Phone #

CR2E034 (11/98)