


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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 562103 (2)					
1. Corporation Name DRAGO/NEWTON, INC.					
Principal Place of Business 8205 W. 20TH AVENUE HIALEAH FL 33014			Mailing Address 8205 W. 20TH AVENUE HIALEAH FL 33014-3247		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1978	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22. City & State		27. City & State		4. FEI Number 59-1826274	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GURMAN, MARK H C/O DRAGO/NEWTON, INC. 8205 W. 20TH AVE. HIALEAH FL 33014			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GURMAN, MURRAY		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8205 W. 20TH AVENUE		1.2 NAME		
CITY- ST- ZIP	HIALEAH FL		1.3 STREET ADDRESS		
TITLE	V	<input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP		
NAME	GURMAN, MARK HOWARD		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8205 W. 20TH AVENUE		2.2 NAME		
CITY- ST- ZIP	HIALEAH FL		2.3 STREET ADDRESS		
TITLE	S	<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP		
NAME	GURMAN, MARK HOWARD		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8205 W. 20TH AVENUE		3.2 NAME		
CITY- ST- ZIP	HIALEAH FL		3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY- ST- ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY- ST- ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY- ST- ZIP			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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____					



CR2E034 (9/96)