


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

FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845971 (1)  
1. Corporation Name  
THE DRATEL GROUP, INC.


Principal Place of Business 300 PANTIGO PL #114 E. HAMPTON NY 11937 US	Mailing Address 300 PANTIGO PLACE #114 E. HAMPTON NY 11937 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 13-2988986	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent BELLA, MISHAAN 1145 N E 177TH TERRACE N MIAMI BCH, FL 33162				10. Name and Address of New Registered Agent	
				81 Name	MRS SABIE PEARSON
				82 Street Address (P.O. Box Number is Not Acceptable)	4770 NW 21 ST
				83	LAUDERNHILL FLA 33313
				84 City	FL
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.05, 607.06, and 607.07, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both to 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 not a resident of Florida. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE:  SABIE PEARSON DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	NAME	DRATEL, JOSEPH	1.1 TITLE		1.2 NAME	
STREET ADDRESS	300 PANTIGO PL SUITE 114			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	E HAMPTON NY	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		2.2 NAME	
TITLE	VSD	NAME	LOWLICHT, CHARLES BERNAR	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	25 ASHWOOD CT BOX 2022	<input type="checkbox"/> DELETE		3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	AMAGANSETT NY			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	PTD	NAME	DRATEL, WILLIAM MARSHALL	4.1 TITLE		4.2 NAME	
STREET ADDRESS	375 S. END AVENUE	<input type="checkbox"/> DELETE		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	NEW YORK NY			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE		6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				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 attached statement of change.

SIGNATURE:  576-324 5700

CR2E034 (10/97)