


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

FILED
Feb 19 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 # **P19090** (0)
1. Corporation Name
BARRY, BETTE & LED DUKE, INC.

Principal Place of Business 52 CORPORATE CIRCLE ALBANY NY 12203 US	Mailing Address P O BOX 12789 ALBANY NY 12212-2789 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1988

2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 16-1015031 Applied For Not Applicable	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CARLTON, FIELDS, WARD, EMMANUEL, SMITH & CUTLER C/O GEORGE J. MEYER, ESQ. ONE HARBOUR PL., 777 S. HARBOUR ISLAND BLVD TAMPA FL 33602-5799	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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, DONALD R LED	1.2 NAME	
STREET ADDRESS	76 NORMANSKILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEESVILLE NY	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTE, MICHAEL	2.2 NAME	
STREET ADDRESS	11 CHESTNUT LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON PARK NY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, DONALD	3.2 NAME	
STREET ADDRESS	3506 GALWAY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALLSTON SPA NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEASON, KEVIN	4.2 NAME	
STREET ADDRESS	P O BOX 14552	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMBIE, JAMES III	5.2 NAME	
STREET ADDRESS	5856 TALLOWOOD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JERRY	6.2 NAME	
STREET ADDRESS	1126 POSTWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORINTH TX	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.

SIGNATURE: *[Signature]* **BETTE, MICHAEL** **02/19/98** **(518) 452-8200**

CR2E034 (10/97)