

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 JUL 20 PM 5:33

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Wesley B. Murray  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # **P36548** (6)

**DRAKE STUDIO, LTD. INCORPORATED**

1. Principal Place of Business		2a. Mailing Address	
4801 EXECUTIVE PARK CT. SUITE 203 JACKSONVILLE FL 32216 US		10435 SEYMOUR AVE FRANKLIN PK IL 60131 US	
2. Principal Place of Business	2a. Mailing Address	4. FED Number	3a. Date of Last Report
21	26	36-3570406	05/01/1994
22	27	5. Certificate of Status Desired	Applied For
23	28	6. Election Campaign Financing Trust Fund Contribution	Not Applicable
24	29	7. This corporation has liability for intangible tax under § 199.02 Florida Statute	<input type="checkbox"/> Yes <input type="checkbox"/> No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEAL, LARRY 4801 EXECUTIVE PK CT SUITE 203 JACKSONVILLE FL 32216				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.011, 607.012 and 607.013, Florida Statutes, the above named corporation certifies that statement for the purpose of changing its registered office or registered agent of 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 a registered agent. Florida Statutes.

SIGNATURE: *N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	CD GLASSER, ERROL EASTEND CAPITAL/595 MADISON AVE, 35TH FL NEW YORK NY	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PAWLISH, MICHAEL 10435 SEYMOUR AVENUE FRANKLIN PARK IL	13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOELKIER, ZEBRA C EAST 54TH STREET NEW YORK NY	14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ART BYLIN, AUDUBON PARTNE 45 AUDUBON LANE PRINCETON NJ	15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600001546066  
-07/25/95--011025--020 Audit on  
\*\*\*\*225.00 \*\*\*\*225.00

7/20/95  
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14. I, the undersigned, certify that the information required by this filing is voluntarily furnished and is true and correct, and that I am a resident of the State of Florida and that I am qualified to serve as a registered agent for the corporation. I am familiar with and accept the obligations of a registered agent. Florida Statutes.

SIGNATURE: *M. J. Powell* President