

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Moam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # VO1046 (4)
1. Corporation Name
DRAKE INVESTING CORP.

Principal Place of Business PO BOX 3423 HALLANDALE FL 33008 US
Mailing Address PO BOX 3423 HALLANDALE FL 33008 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1991

4. FEI Number 65-0304619 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No X

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BLANDER, IRV
16100 NE 16 AVE
NORTH MIAMI BEACH FL 33162

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] DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY-ST-ZIP

2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP

3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP

4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP

5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP

6. TITLE 6. NAME 6. STREET ADDRESS 6. 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] 1/15/98 305-9333152