

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

FILED
May 02 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 # L29149 (6)
 1. Corporation Name
DRUCKER & FALK MANAGEMENT CORPORATION OF FLORIDA, INC.



Principal Place of Business: **9286 WARWICK BOULEVARD NEWPORT NEWS VA 23607**
 Mailing Address: **9286 WARWICK BOULEVARD NEWPORT NEWS VA 23607-1535**

3. Date Incorporated or Qualified: **11/08/1989**
 3a. Date of Last Report: **06/19/1996**
 4. FEI Number: **65-0161353**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent

HUNTER, DANIEL M ESQUIRE
243 WEST PARK AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DRUCKER, ERWIN B	
STREET ADDRESS	9286 WARWICK BLVD.	
CITY-ST-ZIP	NEWPORT NEWS VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORANGE, JERRY	
STREET ADDRESS	15551 HARTRIDGE ROAD	
CITY-ST-ZIP	DAVIE FL 33331-2556	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUNICK, JOHN A JR.	
STREET ADDRESS	9286 WARWICK BLVD.	
CITY-ST-ZIP	NEWPORT NEWS VA 23607	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FALK, DAVID C SR.	
STREET ADDRESS	9286 WARWICK BLVD.	
CITY-ST-ZIP	NEWPORT NEWS VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information reported with this filing complies with the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and correct 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 registered 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 report with an address.

SIGNATURE: _____

Erwin B. Drucker

4/22/97 767-24612711

CP2E034 (9/96)