

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

FILED
Feb 12 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0161353 ✓	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUNTER, DANIEL M ESQUIRE 243 WEST PARK AVENUE WINTER PARK FL 32789				81	Name
				82	Street Address (P.O. Box Number Is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DRUCKER, ERWIN B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, ERWIN B	1.2 NAME	
STREET ADDRESS	9286 WARWICK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA	1.4 CITY-ST-ZIP	
TITLE	VD ORANGE, JERRY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORANGE, JERRY	2.2 NAME	
STREET ADDRESS	15551 HARTRIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331-2556	2.4 CITY-ST-ZIP	
TITLE	SD MUNICK, JOHN A JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNICK, JOHN A JR.	3.2 NAME	
STREET ADDRESS	9286 WARWICK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA 23607	3.4 CITY-ST-ZIP	
TITLE	TD FALK, DAVID C SR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, DAVID C SR.	4.2 NAME	
STREET ADDRESS	9286 WARWICK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: 

CR2E034 (10/97)