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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Skidmore
Secretary of State
OFFICE OF CORPORATIONS

DOCUMENT # 017109 (0)

THE CORPORATION COMPANY

Principal Place of Business **Mailing Address**

1200 S. PINE ISLAND RD. **% C.T. CORPORATION SYSTEM**
PLANTATION FL 33324 **1200 S. PINE ISLAND ROAD**
US **PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1925	3a. Date of Last Report 05/01/1994
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FBI Number 51-0099484		<input type="checkbox"/> Apply for New Approval	
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 Contributor <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81. Name
				82. Street Address (P.O. Box Number is Not Acceptable)
				83.
				84. City
				85. Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1504, 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 _____ (Type or print name of registered agent and title, if applicable) _____ (Type registered agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PO	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, OAKLEIGH B.	12. NAME	
STREET ADDRESS	1209 ORANGE STREET	13. STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	14. CITY, ST, ZIP	
TITLE	†	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINORA, JOSEPH J.	22. NAME	
STREET ADDRESS	1209 ORANGE STREET	23. STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	24. CITY, ST, ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAATERMAN, ROBYN	32. NAME	
STREET ADDRESS	1209 ORANGE STREET	33. STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	34. CITY, ST, ZIP	
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILONE, THERESA	42. NAME	
STREET ADDRESS	2700 LAKE COOK ROAD	43. STREET ADDRESS	
CITY, ST, ZIP	RIVERWOODS IL	44. CITY, ST, ZIP	
TITLE	AS	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTILIER, ANN	52. NAME	
STREET ADDRESS	1200 S. PINE ISLAND ROAD	53. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	54. CITY, ST, ZIP	
TITLE	VD	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN J	62. NAME	
STREET ADDRESS	1209 ORANGE STREET	63. STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	64. CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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: _____ **Joseph J. Finora** 4/26/95 (212) 246 50

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Phone #)