

[Empty box for additional information]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

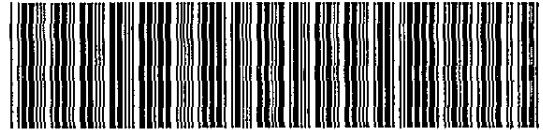
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File Now. Filing Fee after May 1 is \$225.00

APPROVED  
AND  
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93 MAY -1 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation. DOCUMENT # 017109 (0)

PROCESSED  
THE CORPORATION COMPANY  
& C.T. CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324-4459

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, the filer should correct information and enter correction in Block 2.

FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE		4. FEI Number 510099484		Applied For Not Applicable	
2. Mailing Address		2a. Principle Place of Business		5. Certificate of Status Desired		3a. Date of Last Report 07/21/1992	
21		26		<input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt #, etc		State, Apt #, etc		6. Election Campaign Financing Trust Fund Contributions		<input type="checkbox"/>	
22		27		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		<input type="checkbox"/>	
City & State		City & State		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				83.		84. City	
				FL		85. Zip Code	
						86. Locality	

11. Pursuant to the provisions of Sections 607.01-02 and 607.15-18 or Sections 617.0502 and 617.1508, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGE	
1.1 TITLE	P/D THORNE, OAKLEIGH B. 1209 ORANGE STREET WILMINGTON DE	1.1 TITLE	
1.2 NAME		1.2 NAME	
1.3 ADDRESS		1.3 ADDRESS	
1.4 CITY, ST, ZIP		1.4 CITY, ST, ZIP	
2.1 TITLE	F FINORA, JOSEPH J. 1209 ORANGE STREET WILMINGTON DE	2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
3.1 TITLE	V/D <del>KEENE, DONALD W.</del> <del>1209 ORANGE STREET</del> <del>WILMINGTON DE</del>	3.1 TITLE	V/D
3.2 NAME		3.2 NAME	STAATERMAN, ROBYN
3.3 ADDRESS		3.3 ADDRESS	1209 ORANGE ST.
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	WILMINGTON, DE 19801
4.1 TITLE	S <del>MILONE, THERESA</del> <del>1209 ORANGE STREET</del> <del>WILMINGTON DE</del>	4.1 TITLE	S
4.2 NAME		4.2 NAME	MILONE, THERESA
4.3 ADDRESS		4.3 ADDRESS	2700 LAKE COOK RD.
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	RIVERWOODS, IL 60015
5.1 TITLE	A/S <del>KEENE, DONALD W.</del> <del>875 W. BROWARD BLVD</del> <del>PLANTATION FL</del>	5.1 TITLE	A/S
5.2 NAME		5.2 NAME	BOUTILIER, ANN
5.3 ADDRESS		5.3 ADDRESS	1200 S. PINE ISLAND RD.
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	PLANTATION FL 33324
6.1 TITLE	V/D <del>ORIMON, HERBERT R.</del> <del>1209 ORANGE STREET</del> <del>WILMINGTON DE</del>	6.1 TITLE	V/D
6.2 NAME		6.2 NAME	LYNCH, JOHN J.
6.3 ADDRESS		6.3 ADDRESS	1209 ORANGE ST.
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	WILMINGTON, DE 19801

14. I 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 in person. I further certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 Block 13, Block 14, or on an affidavit filed with an address.

SIGNATURE \_\_\_\_\_ DATE 4/28/93

Print/Type Name of Signing Officer or Director \_\_\_\_\_ Title(s) \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Joseph J. Finora Treasurer