

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

FILED

**Jan 22 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 # 832102 (8)

1. Corporation Name
R.T. MILORD CO.



Principal Place of Business 9801 S. INDUSTRIAL DRIVE BRIDGEVIEW IL 60455	Mailing Address 9801 S. INDUSTRIAL DRIVE BRIDGEVIEW IL 60455-2321
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1974	3a. Date of Last Report 02/07/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-2355396		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILORD, JEROME F 3600 S CONGRESS AVE I BOYNTON BCH. FL 33426				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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, JEROME	1.2 NAME	
STREET ADDRESS	3600 S CONGRESS AVE I	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH. FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, PAUL J	2.2 NAME	
STREET ADDRESS	9801 S INDUSTRIAL DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRIDGEVIEW, IL 00000	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, WILLIAM F	3.2 NAME	
STREET ADDRESS	3600 S CONGRESS AVE I	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, KEVIN T.	4.2 NAME	
STREET ADDRESS	9801 SO. INDUSTRIAL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRIDGEVIEW IL	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL R	5.2 NAME	
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRIDGEVIEW IL	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILORD, PHILIP J	6.2 NAME	
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRIDGEVIEW IL	6.4 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/13/97** DAYTIME PHONE #: **708-598-7900**

CR2E034 (9/96)