


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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90038 018 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 832102

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1974	
21		26		4. FEI Number 36-2355396	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <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

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (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 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 on an Attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **2-1-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)