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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 840996 (3)

**1. Corporation Name
THE 1100 CORPORATION**

Principal Place of Business 1100 NORTHWEST HWY. P.O. BOX 429 DES PLAINES IL 60016-3351	Mailing Address 1100 NORTHWEST HWY. P.O. BOX 429 DES PLAINES IL 60016-3351
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1978	3a. Date of Last Report 05/23/1994
4. FEI Number 36-2306192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WENCKUS, JOSEPH 6834 GULF DR HOLMES BCH, FL 33510	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 607.150B, 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 **DATE** _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENCKUS, MICHAEL J	1.2 NAME	
STREET ADDRESS	1100 NORTHWEST HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES, IL 0	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENCKUS, MICHAEL J	2.2 NAME	
STREET ADDRESS	1100 NORTHWEST HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES, IL 0	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENCKUS, JOSEPH C	3.2 NAME	
STREET ADDRESS	1100 NORTHWEST HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES, IL 0	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENCKUS, JOSEPH C	4.2 NAME	
STREET ADDRESS	1100 NORTHWEST HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	DES PLAINES, IL 0	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Wenckus* **4-21-95** **708-286-4443**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Daytime Phone
Michael J. Wenckus