

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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 428
DES PLAINES IL 60016-3351

Mailing Address

1100 NORTHWEST HWY.
P.O. BOX 428
DES PLAINES IL 60016-3351

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

06/30/1978

3a. Date of Last Report

04/25/1995

4. FFL Number

36-2306192

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	WENCKUS, MICHAEL J	
STREET ADDRESS	1100 NORTHWEST HWY	
CITY-STATE-ZIP	DES PLAINES, IL 60016-3351	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WENCKUS, MICHAEL J	
STREET ADDRESS	1100 NORTHWEST HWY	
CITY-STATE-ZIP	DES PLAINES, IL 60016-3351	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WENCKUS, JOSEPH C	
STREET ADDRESS	1100 NORTHWEST HWY	
CITY-STATE-ZIP	DES PLAINES, IL 60016-3351	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WENCKUS, JOSEPH C	
STREET ADDRESS	1100 NORTHWEST HWY	
CITY-STATE-ZIP	DES PLAINES, IL 60016-3351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

110001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
120001	
130001 ADDRESS	
140001 STATE	
210001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
220001	
230001 ADDRESS	
240001 STATE	
310001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
320001	
330001 ADDRESS	
340001 STATE	
410001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
420001	
430001 ADDRESS	
440001 STATE	
510001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
520001	
530001 ADDRESS	
540001 STATE	
610001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
620001	
630001 ADDRESS	
640001 STATE	

14. I do hereby certify that the information supplied within this filing was truthfully furnished and does not constitute for the exemption stated in Section 119.071(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as being an officer 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 for which this report is prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an affidavit with an affidavit.

SIGNATURE:

Joseph C. Wenckus

JOSEPH C. WENCKUS

3/23/96

147-296-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)