

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

FILED

**Feb 12 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 # F92000000881 (4)

1. Corporation Name
MIPOD, INC.



Principal Place of Business: **ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER IL 60154**
Mailing Address: **ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER IL 60154-5797**

3. Date Incorporated or Qualified: **12/15/1992**
3a. Date of Last Report: **07/25/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City, State, Zip, and Country.

4. FEI Number: **36-3043154**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRSNER, MARVIN A ESO
1630 N FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305**

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	P	<input type="checkbox"/> DELETE
NAME	PODOLSKY, MILTON	
STREET ADDRESS	ONE WESTBROOK CORPORATE CENTER, SUITE 400	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PODOLSKY, RANDY D	
STREET ADDRESS	ONE WESTBROOK CORPORATE CENTER, SUITE 400	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PODOLSKY, STEVEN	
STREET ADDRESS	ONE WESTBROOK CORPORATE CENTER, SUITE 400	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PODOLSKY, BONNIE L	
STREET ADDRESS	ONE WESTBROOK CORPORATE CENTER, SUITE 400	
CITY - ST - ZIP	WESTCHESTER IL 60154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged or on an attachment with an address.

SIGNATURE: *Randy D Podolsky* **RANDY D PODOLSKY** 2/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)