

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001623 (5)
 1. Corporation Name
FRINGS AMERICA, INC.



Principal Place of Business 941 WEST REMINGTON BLVD. BOLINGBROOK IL 60440	Mailing Address 341 WEST REMINGTON BLVD. BOLINGBROOK IL 60440-4922
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report
21	26	4. FEI Number 06-1134253		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAW, TIMOTHY S C/O KIRK PINKERTON 720 SOUTH ORANGE AVENUE SARASOTA FL 34238				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 607.0105, Florida Statutes.

SIGNATURE: *J. Trent Anderson, Secretary* DATE: **4/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENENKEL, ANTON DR.	1.2 NAME	
STREET ADDRESS	C/O JONAS-CAHN-STR.9-D	1.3 STREET ADDRESS	
CITY-ST-ZIP	5300 BONN 1, WEST GERMANY	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHOFF, MICHAEL	2.2 NAME	
STREET ADDRESS	C/O JONAS-CAHN-STR.9-D	2.3 STREET ADDRESS	
CITY-ST-ZIP	5300 BONN 1, WEST GERMANY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TRENT ESQ.	3.2 NAME	
STREET ADDRESS	120 SOUTH LASALLE STREET	3.3 STREET ADDRESS	S ANDERSON, TRENT ESQ.
CITY-ST-ZIP	CHICAGO IL 60603	3.4 CITY-ST-ZIP	190 South LaSalle Street Chicago, IL 60603
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 or changed, or on an attachment with an address:

SIGNATURE: *J. Trent Anderson, Secretary* DATE: **4/17/97** (312) 701-7315

CR2E034 (9/96)