

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

FILED
Jan 29, 1999 8:00am
Secretary of State

0528971

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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01-29-1999 90056 002 *****150.00

DOCUMENT # F97000006939

1. Corporation Name
AMERICAN LABELMARK COMPANY



Principal Place of Business 5724 N. PULASKI CHICAGO IL 60646	Mailing Address 5724 N. PULASKI CHICAGO IL 60646
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1997	
21	26	4. FEI Number 36-3484503		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input 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	25. Country	29. Zip	30. 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, DWIGHT		1.2 NAME		
STREET ADDRESS	5724 N. PULASKI		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60646		1.4 CITY-ST-ZIP		
TITLE	COBC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSTOW, GARY S		2.2 NAME		
STREET ADDRESS	161 N. CLARK STREET, SUITE 3100		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601		2.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOEN, ALAN		3.2 NAME		
STREET ADDRESS	5724 N. PULASKI		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60646		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, DWIGHT		4.2 NAME		
STREET ADDRESS	5724 N. PULASKI		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60646		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFARLAND, ROBERT		5.2 NAME		
STREET ADDRESS	5724 N. PULASKI		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60646		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANZIG, HAROLD		6.2 NAME		
STREET ADDRESS	5724 N. PULASKI		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60646		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (1/98)