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May 05 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 # **J48038** (0)

1. Corporation Name
M&J WILKOW OF FLORIDA, INC.

Principal Place of Business % CT CORPORATION SYSTEM INC. 180 N MICHIGAN AVE SUITE 200 CHICAGO IL 60601 US	Mailing Address % CT CORPORATION SYSTEM INC. 180 N MICHIGAN AVE SUITE 200 CHICAGO IL 60601-7401 US
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/19/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3486486		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		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

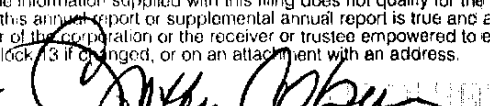
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 ☐ DELETE NAME P WILKOW, MARC R STREET ADDRESS 180 N.MICHIGAN AVE.,#200 CITY-STATE-ZIP CHICAGO IL		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
TITLE ☐ DELETE NAME T HARRIGAN, THOMAS STREET ADDRESS 180 N MICHIGAN AVE #200 CITY-STATE-ZIP CHICAGO IL		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE ☐ DELETE NAME V HARVEY, DAVID W. STREET ADDRESS 180 N.MICHIGAN AVE. CITY-STATE-ZIP CHICAGO IL		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE ☐ DELETE NAME VS MUMMERY, CYNTHIA A. STREET ADDRESS 180 N MICHIGAN AVENUE #200 CITY-STATE-ZIP CHICAGO IL		4.1 TITLE ☒ Change ☐ Addition 4.2 NAME Coburn, Cynthia A. 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE ☐ DELETE NAME AS CAMBRON, DIANE STREET ADDRESS 180 N.MICHIGAN AVE. CITY-STATE-ZIP CHICAGO IL		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:  7/22/97 (312) 726-9622
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)