FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09977** **(0)**

1. Corporation Name
LARRY MAYER & COMPANY

Principal Place of Business	Mailing Address
2100 N. ELSTON AVE. #200 CHICAGO IL 60614	2100 N. ELSTON AVE. #200 CHICAGO IL 60614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1986**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **36-3398568** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYER, LARRY
7135 VALENCIA DRIVE
BOCA RATON FL 33433

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 (Signature of new registered agent required) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MAYER, LARRY	12 NAME	
STREET ADDRESS	7135 VALENCIA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	GOLDBERG, HERBERT	22 NAME	GOLDBERG, HERBERT
STREET ADDRESS	2100 N. ELSTON AVE.	23 STREET ADDRESS	2100 N. ELSTON AVE. (DELETE)
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	CHICAGO, IL
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BRODER, DONNA R.	32 NAME	
STREET ADDRESS	2100 N. ELSTON AVE.	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MAYER, JEFFREY W.	42 NAME	
STREET ADDRESS	2100 N. ELSTON AVE.	43 STREET ADDRESS	
CITY ST ZIP	CHICAGO. IL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Larry Mayer 4-4-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #