

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P20234 (1)
1. Corporation Name
JOHN P. PEARL & ASSOCIATES, LTD., INCORPORATED

*Request
3-23-95
APR -3 PM 3:49*

Principal Place of Business Mailing Address
1200 E. GLEN AVE. PEORIA HEIGHTS IL 61614-5348

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/27/1988** 3a. Date of Last Report **02/09/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		37-0817309		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1202 HAYES STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, JOHN P.	1.2 NAME	
STREET ADDRESS	1200 E. GLEN AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA HEIGHTS IL 61614-5348	1.4 CITY - ST - ZIP	
TITLE	EV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, GARY P	2.2 NAME	
STREET ADDRESS	1200 E. GLEN AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA HEIGHTS IL 61614-5348	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEMANN, JAMES M.	3.2 NAME	
STREET ADDRESS	1200 E. GLEN AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA HEIGHTS IL 61614-5348	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETZER, EUGENE F.	4.2 NAME	
STREET ADDRESS	1200 E. GLEN HEIGHTS	4.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA HEIGHTS IL 61614-5348	4.4 CITY - ST - ZIP	
TITLE	CP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, LYNN C.	5.2 NAME	
STREET ADDRESS	1200 E. GLEN HEIGHTS	5.3 STREET ADDRESS	
CITY - ST - ZIP	PEORIA HEIGHTS IL 61614-5348	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 is voluntarily furnished and does not qualify for the exemption noted in Section 119.07(3)(k), 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: *James M. Hagemann* James M. Hagemann 3-23-95 309-679-0305
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR Date Filing Fee \$