SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT -8 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000011697 (6)**

1. Corporation Name
COKO SERVICES INC.

Principal Place of Business
4474 N HARLEM AVE
NORRIDGE IL 60656

Mailing Address
4474 N HARLEM AVE
NORRIDGE IL 60656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/10/1995**
3a. Date of Last Report: **11/07/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **APPLIED FOR** 36-4002473 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T 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

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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	COHEN, TERRY	1.2 NAME	Terry Cohen
STREET ADDRESS	4474 N HARLEM AVE	1.3 STREET ADDRESS	4474 N. Harlem Ave.
CITY-ST-ZIP	NORRIDGE IL 60656	1.4 CITY-ST-ZIP	Norridge, IL 60656
TITLE	D ☐ DELETE	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	COHEN, WAYNE	2.2 NAME	Wayne Cohen
STREET ADDRESS	4474 N HARLEM AVE	2.3 STREET ADDRESS	4474 N. Harlem Ave.
CITY-ST-ZIP	NORRIDGE IL 60656	2.4 CITY-ST-ZIP	Norridge, IL 60656
TITLE	D ☐ DELETE	3.1 TITLE	Secretary/Treasurer ☐ Change ☒ Addition
NAME	COHEN, ANDEE	3.2 NAME	Andee Kochavi
STREET ADDRESS	4474 N HARLEM AVE	3.3 STREET ADDRESS	4474 N. Harlem Ave.
CITY-ST-ZIP	NORRIDGE IL 60656	3.4 CITY-ST-ZIP	Norridge, IL 60656
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	000002321250---9
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-10/15/97--01090--030
TITLE	☐ DELETE	5.1 TITLE	****550.00 ****550.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

VB 10-10-97

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: 9/16/97 (708) 456-6500

CR2E034 (4/97)