

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 23 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000034497 (3)

1. Corporation Name
JOSEPH U. MOORE, INC.

Principal Place of Business

4511 N. HIMES AVE.
SUITE 265
TAMPA FL 33614

Mailing Address

123 N. WACKER DR.
CHICAGO IL 60606-1700

3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report
4. FEI Number 36-4083823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 8264
Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DEES	<input type="checkbox"/> DELETE
NAME	Terry L. Wilcox	
STREET ADDRESS	123 N. Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE	Treas.	<input type="checkbox"/> DELETE
NAME	Arlene H. Hardy	
STREET ADDRESS	123 N. Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	Arlene Jeschke	
STREET ADDRESS	123 N. Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Jerome Hanner	
STREET ADDRESS	123 N. Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	SUSAN FYDA	
STREET ADDRESS	123 N. Wacker	
CITY-ST-ZIP	Chicago IL 60606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

600002221156-3
-05/24/97-01041-010
***165.00 ***165.00

(Handwritten signature)

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: *(Handwritten signature)* Susan FYDA 4/30/97 212201-2970

CR2E034 (9/96)