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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
Curtis B. Skyles  
Secretary of State  
CORPORATE CORPORATIONS

**DOCUMENT # 017109 (0)**

**THE CORPORATION COMPANY**

**Principal Place of Business**  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324  
US

**Mailing Address**  
% C.T. CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

<b>2.</b> Foreign Name of Business		<b>2a.</b> Mailing Address		<b>3.</b> Date Incorporated or Qualified 06/23/1925	<b>3a.</b> Date of Last Report 05/01/1994
<b>21.</b> State, Apt. #, etc.	<b>26.</b> State, Apt. #, etc.			<b>4.</b> FBI Number 51-0099484	Apply For New Approval At
<b>22.</b> City & State	<b>27.</b> City & State			<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
<b>23.</b> Zip	<b>28.</b> Zip			<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
<b>24.</b> Country	<b>25.</b> Country	<b>29.</b> Country	<b>30.</b> Country	<b>8.</b> This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<b>81.</b> Name			
				<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83.</b>			
				<b>84.</b> City	<b>85.</b> Zip Code	FL	

**11.** Pursuant to the provisions of Sections 607.05(1) and 607.15(4), 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. Thereby, accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.05(6), Florida Statutes.

**SIGNATURE** (Type or typed name of registered agent and title if applicable) (If no registered agent signature required when reinstating) (Date)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995</b>	
<b>TITLE</b>	PO	<b>11.</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	THORNE, OAKLEIGH B.	<b>12.</b> NAME	
<b>STREET ADDRESS</b>	1209 ORANGE STREET	<b>13.</b> STREET ADDRESS	
<b>CITY, ST., ZIP</b>	WILMINGTON DE	<b>14.</b> CITY, ST., ZIP	
<b>TITLE</b>	†	<b>21.</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FINORA, JOSEPH J.	<b>22.</b> NAME	
<b>STREET ADDRESS</b>	1209 ORANGE STREET	<b>23.</b> STREET ADDRESS	
<b>CITY, ST., ZIP</b>	WILMINGTON DE	<b>24.</b> CITY, ST., ZIP	
<b>TITLE</b>	VD	<b>31.</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	STAATERMAN, ROBYN	<b>32.</b> NAME	
<b>STREET ADDRESS</b>	1209 ORANGE STREET	<b>33.</b> STREET ADDRESS	
<b>CITY, ST., ZIP</b>	WILMINGTON DE	<b>34.</b> CITY, ST., ZIP	
<b>TITLE</b>	S	<b>41.</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MILONE, THERESA	<b>42.</b> NAME	
<b>STREET ADDRESS</b>	2700 LAKE COOK ROAD	<b>43.</b> STREET ADDRESS	
<b>CITY, ST., ZIP</b>	RIVERWOODS IL	<b>44.</b> CITY, ST., ZIP	
<b>TITLE</b>	AS	<b>51.</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BOUTILIER, ANN	<b>52.</b> NAME	
<b>STREET ADDRESS</b>	1200 S. PINE ISLAND ROAD	<b>53.</b> STREET ADDRESS	
<b>CITY, ST., ZIP</b>	PLANTATION FL	<b>54.</b> CITY, ST., ZIP	
<b>TITLE</b>	VD	<b>61.</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LYNCH, JOHN J	<b>62.</b> NAME	
<b>STREET ADDRESS</b>	1209 ORANGE STREET	<b>63.</b> STREET ADDRESS	
<b>CITY, ST., ZIP</b>	WILMINGTON DE	<b>64.</b> CITY, ST., ZIP	

**14.** I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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:** *Joseph J. Finora*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph J. Finora 4/26/95 (212) 246 50**  
Date (Typed Name)