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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 354144

(8)

PALM BEACH CAPITAL CORPORATION

FILED Apr 16 1998 8:00am Secretary of State

April 7, 1998 847 / 991-9101

Principal Place	o of Rusiness	Mailing Address			- 1	OSDAN ONDIN ONDIN ONDSH NOOS
			`			
C/O B.B. BELL 950 EAST WILMETTE F Palatine Il 80067 Palatine Il 60067			,			
US US					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					10/21/1969	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					36-2762061	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	7 Country 7/10		Countr		Trust Fund Contribution	Added to Fees
Zip			\vdash	У	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year intangible ☐ Yes ☐ No
24	25 9. Name and Address of Current	29 Registered Agent	[30]		10. Name and Address of New Registered	
CT	CORPORATION SYSTEM	Hogistorod Highlic	8-	Name	10.	
1200 S. PINE ISLAND ROAD						
PLANTATION FL 33324			8	Street Addr	ess (P.O. Box Number is Not Acceptable)	
ru-	411A11O14 FL 33324		8:	3		
			84	City	FL	85 Zip Code
11 Pursuant t	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	tes the above	ve-named corn	poration submits this statement for the purpose of	changing its registered
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 ages	nt and tele if applicable (NO	TE Registered A	gent signature require	red when reinslating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	8	DELETE	1.1 TITLE			Change Addition
NAME	FREED, MARTIN J.		1.2 NAME		•	
STREET ADDRESS			1.3 STREE	1 ADDRESS		
CITY+ST-ZIP	CHICAGO IL		1.4 CITY-	ST-ZIP		
TITLE	• • • •		2.1 TITLE			☐ Change ☐ Addition
NAME	* · ·		2.2 NAME			
STREET ADDRESS	950 EAST WILMETTE ROAD		2.3 STREE	T ADDRESS		
CITY+ST-ZIP	PALATINE IL		2. 4 CITY	- ST - ŽIP		
TITLE		☐ DELE te	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 1(TLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE	□ DELETE 5.11		5.1 T (TL€			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ET ADDRESS		
CITY-ST-ZIP			5 4 CITY-			Chance Addition
TITLE		☐ D€LETE	611ITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STRE	ET ADDRESS		ļ
CITY-ST-ZIP	and the state information over the distinction	that - (80 - does not over16. (6.4 CITY-		Section 119 07/3Vi) Florida Statutes Lituther of	artify that the information

4. I 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 configurary 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 or physical property with an address.

CR2E034 (10