FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430366

ROYCE MANUFACTURING COMPANY

(5)

FILED May 02 1997 8:00am Secretary of State



					-	
Principal Place		Mailing Address				
4032 BUFFIELD COURT SKOKIE IL 60076		4032 SUFFIELD COURT SKOKIE IL 60076-1947				
					3. Date incorporated or Qualified 07/10/1973	3a. Date of Last Report 03/26/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		36-2857232	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Continuodo of Oktido Dobrido	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	
Zip Country			Zip Country		8. This corporation has liability for intangible tax under s 199.032,	
24	25 29		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Hegistered Agent		B1 Name	10. Name and Address of New Reg	nstered Agent
	JIN, MORTON J.		'	Name		
	N.W. 54 STREET		[7	32 Street Addr	ess (P.O. Box Number is Not Acceptab	e)
MIAN	AI FL			33		
				<u></u>		
			[4	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the ab-	ove-named corp	poration submits this statement for the p	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Statu	by the corporates.	oration submits this statement for the pion's board of directors. I hereby accept	t the appointment as registered
SIGNATURE	Signature, typed or printed name of a pistered age	estand title if Book cable (NC	of Registered	Agent signature requi	ed when reinstating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	11]	F		Change Addition
NAME	ALEXANDER, NINA		1.2 NA	AE .		
STREET ADDRESS	4032 SUFFIELD COURT		1,3 S1R	EE1 ADDRESS		
CITY-ST-ZIP	SKOKIE IL 1,4 C		1,4 CI ¹	7 - S1 - ZIP		
TITLE		DELETE	DELETE 21 TOT			☐ Change ☐ Addition
NAME			2.2 NAI	AL		
STREET ADDRESS			23816	FET ADDRESS		
CITY-ST-ZIP			2 4 011	Y-S1-21P		
TITLE		DELETE	3 1 1 1 1	ŧ		Change Addition
NAME			3 2 NA	/t		
STREET ADDRESS			3 3 S TF	EET ADDRESS		
CITY-ST-ZIP			3,4. CIT	Y - S1 - ZIP		
TITLE		DELETE	4 1 1111	.f		Change Addition
NAME			4 2 NA	Mê		
STREET ADDRESS			4 3 \$18	EFT ADDRESS		
CITY-ST-ZIP			4.4 CiT	Y · ST · ZIP		
TITLE		DELETE	5.1 TIT	.E		Change Addition
NAME			5.2 NAI	AE .		
STREET ADDRESS			5381	FET ADDRESS		
CITY-ST-ZIP			5,4 CIT	Y - ST - ZIP		
TITLE		DELETE	6.1 111	.E		Change Addition
NAME			6 2 NAI	NE		
				ME REFT ADORESS		

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.

CIGNIATURE: 14

Polo de male

4-25-97

847-677-9875