

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

**APPROVED
AND
FILED**

9 MAY - 1 PM 2:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 431404 (3)

DRAPER AND KRAMER OF FLORIDA, INC.

**33 WEST MONROE STREET
AATN: CARMEN T ESTELA
CHICAGO IL 60603**

Due Date: 12/31/95

3. Date of Incorporation in State: 07/18/1973	3a. Date of Last Report: 05/01/1994
4. FE Number: 36-2775916	☐ 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 has liability for intangible tax under S 199 QAP Florida Statutes: ☐ Yes ☒ No	

2. Change of Name of Business: 21	2a. Mailing Address: 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1201 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name:
	82 Street Address (P.O. Box Number is Not Applicable):
	83
	84 City:
	FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, this above named corporation hereby makes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said 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 duties of a registered agent in Florida.

SIGNATURE: _____ **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	Change ☐ Addition ☐
NAME	HOECKER, JOHN J	NAME	
STREET ADDRESS	100 NE 3RD AVE	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE, FL 0	CITY, ST, ZIP	
TITLE	VPD	TITLE	Change ☐ Addition ☐
NAME	FORD, FREDERICK C	NAME	
STREET ADDRESS	33 W MONROE ST	STREET ADDRESS	
CITY, ST, ZIP	CHIC, ILL 00000	CITY, ST, ZIP	
TITLE	S	TITLE	Change ☐ Addition ☐
NAME	BAILEY, FORREST DL	NAME	BAILEY, FORREST D. (NO L)
STREET ADDRESS	33 W MONROE ST	STREET ADDRESS	
CITY, ST, ZIP	CHIC, ILL 00000	CITY, ST, ZIP	
TITLE	VD	TITLE	Change ☐ Addition ☐
NAME	KRAMER, ANTHONY F	NAME	
STREET ADDRESS	33 W MONROE ST	STREET ADDRESS	
CITY, ST, ZIP	CHIC, ILL 00000	CITY, ST, ZIP	
TITLE	VD	TITLE	Change ☐ Addition ☐
NAME	LIVINGSTON, FRANK H	NAME	
STREET ADDRESS	33 W MONROE ST	STREET ADDRESS	
CITY, ST, ZIP	CHIC, ILL 00000	CITY, ST, ZIP	
TITLE	V	TITLE	Change ☐ Addition ☐
NAME	ESTELA, CARMEN T	NAME	
STREET ADDRESS	33 W MONROE ST	STREET ADDRESS	
CITY, ST, ZIP	CHIC, ILL 00000	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is a duplicate, true and correct copy of the information as it appears in the public records of the State of Florida. I further certify that this information is not being furnished to the public for any purpose other than the purpose for which it was originally furnished and that any signature shall have the same legal effect as if it were signed by the person whose name appears in the public records of the State of Florida. I understand that any person who knowingly furnishes false information to the Secretary of State is subject to criminal penalties under the provisions of Chapter 402, Florida Statutes, and that any person who knowingly furnishes false information to the Secretary of State is subject to civil penalties under the provisions of Chapter 402, Florida Statutes.

SIGNATURE: _____ **4-26-95 312-346-0600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Forrest D. Bailey** **Secretary**