

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90065 018 ***150.00

DOCUMENT # 431404

1. Corporation Name

DRAPER AND KRAMER OF FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1973

4. FEI 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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HOECKER, JOHN J
STREET ADDRESS 100 NE 3RD AVE
CITY-ST-ZIP FT LAUDERDALE, FL 0

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
BAILEY, Forrest D.
33 W. Monroe St., 19th Fl.
Chicago, IL 60603

☒

Change

☐ Addition

TITLE VTD
NAME FORD, FREDERICK C
STREET ADDRESS 33 W MONROE ST
CITY-ST-ZIP CHIC, ILL 00000

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐

Change

☐ Addition

TITLE S
NAME BAILEY, FORREST D.
STREET ADDRESS 33 W MONROE ST
CITY-ST-ZIP CHIC, ILL 00000

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S
MADSEN, Lorraine N.
33 W. Monroe St., 19th Fl.
Chicago, IL 60603

☒

Change

☐ Addition

TITLE VD
NAME KRAMER, ANTHONY F
STREET ADDRESS 33 W MONROE ST
CITY-ST-ZIP CHIC, ILL 00000

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐

Change

☐ Addition

TITLE VD
NAME LIVINGSTON, FRANK H
STREET ADDRESS 33 W MONROE ST
CITY-ST-ZIP CHIC, ILL 00000

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐

Change

☐ Addition

TITLE V
NAME ESTELA, CARMEN T
STREET ADDRESS 33 W MONROE ST
CITY-ST-ZIP CHIC, ILL 00000

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐

Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine N. Madsen

4/28/99

312-795-2220

Date

Daytime Phone #

CR2E034 (1/1/98)