

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 481433 (1)

1. Corporation Name  
JAMMAL AND ASSOCIATES, INC.



Principal Place of Business 510 EAST 22ND STREET LOMBARD IL 60148-3101	Mailing Address 510 EAST 22ND STREET LOMBARD IL 60148-3101
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1975	3a. Date of Last Report 01/26/1995
21		26		4. FEI Number 59-1621539	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
24		25		29	30
24		25		29	30

9. Name and Address of Current Registered Agent FULFORD, DANIEL L. 1675 LEE ROAD WINTER PARK FL 32789		10. Name and Address of New Registered Agent	
81	Name	81	Name
82	Street Address (P.O. Box Number is Not Acceptable)	82	Street Address (P.O. Box Number is Not Acceptable)
83		83	
84	City	84	City
		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 of the corporation, its officer, director, agent, or authorized representative (If the officer, director, agent, or authorized representative is a natural person, the signature must be in ink.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	
NAME	FULFORD, L. DANIEL	12 NAME	
STREET ADDRESS	1675 LEE RD	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	FITZER, STEPHEN C	22 NAME	
STREET ADDRESS	510 EAST 22ND ST	23 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	WEILAND, MARK B	32 NAME	
STREET ADDRESS	510 EAST 22ND ST.	33 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:  MARK WEILAND  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96 (708) 691-1490  
Date Daytime Phone #

CR2E034 (3/96)