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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 590676 (3)

1. Corporation Name
MACARTHUR CORP.

Principal Place of Business
C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address
9333 MILWAUKEE AVE.
ATT: JOEL PLATT
NILES IL 60714-1303
US



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
10/20/1978	04/24/1996
4. FEI Number	Applied For
59-1863731	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. 199.032, Florida Statutes	
Yes No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	
NAME	LIGGETT, JAMES D.	12 NAME	
STREET ADDRESS	9333 MILWAUKEE AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NILES IL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	
NAME	ASTARITA, JOHN	22 NAME	
STREET ADDRESS	4431 PGA BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	VAS	31 TITLE	
NAME	TINBERG, RICHARD W.	32 NAME	
STREET ADDRESS	9333 MILWAUKEE AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NILES IL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	MACARTHUR, JOHN R.C.G.	42 NAME	
STREET ADDRESS	9333 MILWAUKEE AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	NILES IL	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 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 or changed, or on an attachment with an address.

SIGNATURE: *James D. Liggett* James D. Liggett 3/17/97 847 581 8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)