21         Suite, Apt. 4, etc.         59-2274537         Intot Applied           Suite, Apt. 4, etc.         Suite, Apt. 4, etc.         5. Certificate of Status Desired         \$8.75 Additional Fee Regulard           City & State         City & State         City & State         City & State         5. Certificate of Status Desired         \$8.76 Additional Fee Regulard           20         Country         20         Country         8. The Address         6. Electron Campaign Financing Trust Fund Country user Intangable         Address         Name and Address of Event Vision         Address         Name and Address of Event Vision         Name and Event Vision         Name and Event Vision         Name and Event Vision		NPROFIT PORATION JAL REPORT <b>1997</b>		Sandra Secr	PARTMENT OF STATE <b>B. Mortham</b> etary of State DF CORPORATIONS		1997 8:00ar ary of State	
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Principal Place of Business         Mailing Address         Mailing Address           100         VERAGE NET.         310 W. EVERAGEEN ST.           VIS         Same Status         Same Status           2         Principal Place of Business         2a.           2.         Principal Place of Business         2a.           2.         Principal Place of Business         2a.           3         Date of Business         2a.           Sate, Apti 4, ato.         Sate, Apti 4, ato.         5.           2.         Date of Business         2a.           Sate, Apti 4, ato.         Sate, Apti 4, ato.         5.           2.         Date of Business         2a.           Sate, Apti 4, ato.         Sate, Apti 4, ato.         5.           2.         County         Sate         Sate, Apti 4, ato.           2.         County         2p.         County         County           2a         asis         asis         asis         addeeta seate.           2b         County         Zp.         County         Bate County         Bate County           2a         County         Zp.         County         Bate County         Bate County           2a         Sate County	EDGAR	BUNDY MINIS	TRIES, INC.				•	
Principal Place of Business         Mailing Address         Mailing Address           00         WEARTOR LIL 60167         UK         VEROBER \$1. WHEATON LIL 60167         Do NOT WRITE IN THIS SPACE 20         Do NOT WRITE IN THIS SPACE 21/13/1862         Print Composition of Stational 21/13/1862         Do NOT WRITE IN THIS SPACE 21/13/1862         Print Composition II Address 21/13/1862         Do NOT WRITE IN THIS SPACE 21/13/1862         Print II In II					<b></b>			
WHEATON IL 60167     WHEATON IL 60167       US     S. DATON WRITE IN THIS SPACE       10     DO NOT WRITE IN THIS SPACE       2. Principal Place of Business     2a. Malling Address       2. Principal Place of Business     2a. Malling Address       2. Principal Place of Business     2a. Malling Address       2. Business     2a. Malling Address       Suite, Apt. 4, etc.     5b.75. Address       2a)     2a)     Coversitions       City & State     City & State       2a)     Coversitions       2a)     Coversitions       2a)     Country       2b)     Country       2c)     Sate of Boote difference of Sate of Sate of Sate of Country       2c) <t< td=""><td>•</td><td></td><td></td><td>-</td><td></td><td></td><td>FULL MARIE VIELT VIELL VIELL VIELL VIELL FOR</td></t<>	•			-			FULL MARIE VIELT VIELL VIELL VIELL VIELL FOR	
12/2         13/1982         01/25/1986           2         Principal Place of Business         2a.         Mailing Address         4.         FEI Number 59-2274537         Applied For 59-2274537           Subs, Apit #, etc.         S	WHEATON IL 60			WHEATON IL 60187				
21         Suite, Apt. #, etc.         59-2274537         Index Applied           Suite, Apt. #, etc.         20         50. Contribution         56. Contribution         76. Additional reset in the sequence of the sequenc						12/13/1982		
Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificato of Status Desired       F85.75 Additional Fee Required         22       City & State       27       State, Apt. #, etc.       5. Certificato of Status Desired       F85.75 Additional Fee Required         23       Country       2p       Country       2p       Added to Fees         24       28       81       State, Apt. #, etc.       6. Election Campaign Financing       Added to Fees         24       28       9       81       State, Apt. #, etc.       10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         24       28       9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         5141 RHYTHM CIRCLE       513       Streat Address (P.D. Box Number is Not Acceptable)       53         5141 RHYTHM CIRCLE       53       Streat Address of Current Registered Agent       10. Name and Address of Current Registered Agent         11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered Agent       54       City       FL       62       210 Code         12.       OFFICERS AND DIFECTORS       10. Not codeptable of the codipatins of Acode the fees       Not codept	,	lace of Business					Applied For Not Applicable	
22         27         27         Pee Hedgundo           City & State         20         City & State         6. Election Campaign Financing         \$5.00 May be Added to Pees           21p         Country         20         Country         8. This corporation owes or has paid the current year Intemplote Personal Property Tax due Audres of New Registered Agent         10. Name and Address of New Registered Agent           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           8. Name and Address of Societies Societies of Societies Societies of Societies of Soci	Suite, Apt.	#, etc.					\$8.75 Additional	
28     28     Trust Fund Contribution     Added to Prees       21p     Country     2p     Country     8. This corporation owes or has paid the current year internal/bile       24     28     20     Country     8. This corporation owes or has paid the current year internal/bile       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     11. Name and Address of New Registered Agent       6141 RHYTHM CIRCLE     11     12     Street Address (P.O. Box Number is Not Acceptable)     12       11. Pursuant to the provisions of Sections 617.0502 and 617.1505. Floride Statutes, the above named corporation submits this statement for the purpose of changing its registere agent or both, in the State of Honds. Such taking weighted statutes     14       11. Pursuant to the provisions of Sections 617.0502 and 617.1505. Floride Statutes     18     14       12. Origitered agent or both, in the State of Floride. Such taking weighted statutes     16     17       13. Mannee     14     10     10     10       14. City     Inteller Win, and accept the oblightene dependent of Mode Statutes     10     10       14. City     Inteller Win, and accept the oblightene dependent of Mode Statutes     10     10       15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     11     11     11       16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     13     11     12		<u></u>					· · · · · · · · · · · · · · · · · · ·	
23       23       29       30       Personal Property Tax due June 30.       1 % 6       No         9. Name and Address of Current Registered Agent       0. Name and Address of New Registered Agent       1       No         KIRKLAND, SHERYL 6141 RHYTHM CRCLE ORLANDO FL 32606       51       Name       1       Name         44       City       FL       85       20       20       20         11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its register agent. Tam termiller with, and eccept the oblightons of Sections 517.0502 and 617.1508. Florida Statutes, the above named corporations board of directors. I hereby accept the appointment as register agent. Tam termiller with, and eccept the oblightons of Sections 517.0502 and 617.1508. Florida Statutes, the above named corporations backed by the corporations backed by the corporations backed by the corporations backed by the appointment as register agent. Tam termiller with, and eccept the oblightons of Sections 517.0502 and 517.1508. Florida Statutes, the above named corporations backed by the corpor	23			28		Trust Fund Contribution	Added to Fees	
B. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     11. Pursuant to the provisions of Socions 617.0602 and 617.1608. Florida Statute, the above named corporation submits this statement. for the purpuse of changing its register     11. Pursuant to the provisions of Socions 617.0602 and 617.1608. Florida Statute, the above named corporation submits this statement. for the purpuse of changing its register     12. OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     13.3 TIRET ADDRESS     3018 EVERGREEN ST.     13 STRET ADDRESS     3018 EAST HARDY PLACE     12 NME     13 STRET ADDRESS     3018 EAST HARDY PLACE     12 NME     13 STRET ADDRESS     3018 EAST HARDY PLACE     10 Change     14 Add     12 NME     13 STRET ADDRESS     310 M. EVERGREEN ST.     13 STRET ADDRESS     310 M. EVERGREEN ST.     13 STRET ADDRESS     3018 EAST HARDY PLACE     10 Change     400     10 Change     401     10 Change     404     10 Change     404     10 Change     404     10 Change     401     10 Change     404     10 Change     404     10 Change     404     10 Change     404     10 Change     401     10 Change     401     10 Change     401     10 Change     40	<u> </u>		ountry				_ · _ ·	
WIRKLAND, SHERYL 6141 RHYTHM CIRCLE ORLANDO FL 32808         B2       Street Address (P.O. Box Number Is Not Acceptable)         64       City       FL       85       Zip Code         11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation is board of directors. Thereby accept the appointment as registere agent. I am temilar with, and accept the obligations dy. Section 617.0503. Florida Statutes       DATE       DATE         SIGNATURE       Signature, typad or protect mere of inglated agent and till applicable.       Twite: Registered agent agent and till applicable.       Twite: Registered agent agent agent and till applicable.       Twite: Registered agent agent agent and till applicable.       Twite: Registered agent age			ddress of Current	Registered Agent		10. Name and Address of New Re	egistered Agent	
agent. I am tamiliar with, and accept the obligations of, Sociolo B17.0503, Florida Statutes         SIGNATURE         Bignature, typed or prined name of inglisend agent and tile it applicable       (NOTE: Regetered Agent alguature réquired when reinstaining)       DATE         TITLE       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         NAME       DELETE       1.1 ITILE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         NAME       DELETE       1.1 ITILE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         ITILE       PD       Clining in applicable       MILECTORS IN 12         ITILE       DELETE       1.1 ITILE         NAME       STO       I Change       Add         ADD INECTORS IN 12       I INTE         STO       I DELETE       1.1 ITILE       ADD INECTORS IN 12         ITILE       STO       I Change       Add         STO       I DELETE       2.1 ITILE <th cols<="" th=""><th>ORLAND</th><th>0 FL 32808</th><th></th><th></th><th></th><th></th><th>EI 85 Zip Code</th></th>	<th>ORLAND</th> <th>0 FL 32808</th> <th></th> <th></th> <th></th> <th></th> <th>EI 85 Zip Code</th>	ORLAND	0 FL 32808					EI 85 Zip Code
12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         ITLE       PD       Delete       11 ITLE       Deletes       11 ITLE         NAME       BUNDY, EDGAR C.       13.       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         STREET ADDRESS       310 W. EVERGREEN ST.       13.       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         OTM: ST.2P       WHEATON IL       14.       14.0TY: ST-2P			Sections 617.0502	and 617.1508, Florida St	atutes, the above-named cor	poration submits this statement for the		
TITLE       PD       DELETE       1.1 TITLE       Change       Add         NAME       BUNDY, EDGAR C.       12 NAME       12 NAME       12 NAME       12 NAME       13 STRET ADDRESS       13 STRET ADDRESS       13 STRET ADDRESS       14 DITY-ST-2iP       14 DITY-ST	agent. I a	im familiar with, and	accept the obligat	ions of, Section 617.0503	, Fiorida Statutes.		purpose of changing its registered opt the appointment as registered	
STREET ADDRESS       310 W. EVERGREEN ST.       1.3 STREET ADDRESS         CITY-ST-2/P       WHEATON IL       1.4 DIY-ST-2/P         TITLE       STD       DELETE         NAME       HARPER, THOMAS R       22 NAME         STREET ADDRESS       S013 EAST HARDY PLACE       23 STREET ADDRESS         CITY-ST-2/P       TUCSON AZ       24 CITY-ST-2/P         TITLE       VD       DELETE         NAME       WOODS, FORBES       32 NAME         STREET ADDRESS       603 GREEN HILLS RD       Change         CITY-ST-2/P       DUNCANVILLE TX       34. CITY-ST-2/P         TITLE       D       DELETE       4.11 TITLE         NAME       WOODS, FORBES       32 STREET ADDRESS       CITY-ST-2/P         OUNCANVILLE TX       34. CITY-ST-2/P       Change       Add         NAME       NIRKLAND, JAMES B       4.2 NAME       Change       Add         STREET ADDRESS       6141 RHYTHM CIR.       4.3 STREET ADDRESS       CITY-ST-2/P       Change       Add         NAME       STREET ADDRESS       6141 RHYTHM CIR.       4.2 NAME       STREET ADDRESS       CITY-ST-2/P       Change       Add         NAME       STREET ADDRESS       6141 RHYTHM CIR.       Change       Add </td <td>agent. I a SIGNATURE</td> <td>im familiar with, and</td> <td>d name of registered agent</td> <td>and tile (Lapplicable.</td> <td>NOTE: Registered Agent signature requ</td> <td>vired when reinstating)</td> <td>purpose of changing its registered opt the appointment as registered</td>	agent. I a SIGNATURE	im familiar with, and	d name of registered agent	and tile (Lapplicable.	NOTE: Registered Agent signature requ	vired when reinstating)	purpose of changing its registered opt the appointment as registered	
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Inter       OTD       Inter       Inter       Inter         NAME       HARPER, THOMAS R       22 NAME         STREET ADDRESS       S013 EAST HARDY PLACE       23 STREET ADDRESS         CITY-ST-ZIP       TUCSON AZ       2.4 CiTY-S1-ZIP         TITLE       VD       IDELETE       3.1 TiTLE         NAME       WOODS, FORBES       32 NAME         STREET ADDRESS       603 GREEN HILLS RD       3.3 STREET ADDRESS         CITY-ST-ZIP       DUNCANVILLE TX       3.4 CiTY-ST-ZIP         TITLE       D       3.3 STREET ADDRESS         GOTY ST-ZIP       OUNCANVILLE TX       3.4 CiTY-ST-ZIP         TITLE       D       IDELETE       4.1 TiTLE         NAME       KIRKLAND, JAMES B       4.2 NAME         STREET ADDRESS       6141 RHYTHM CIR.       4.3 STREET ADDRESS         CITY-ST-ZIP       ORLANDO FL       4.4 CITY-ST-ZIP         TITLE       IDELETE       5.1 TITLE         NAME       S3 STREET ADDRESS       City-ST-ZIP         GITY-ST-ZIP       ORLANDO FL       5.3 STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS       City-ST-ZIP         TITLE       IDELETE       5.3 STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS	agent. I a SIGNATURE 12. TITLE NAME	PD BUNDY, EDGA	d name of registered agent OFFICERS AND R C.	and tile (Lapplicable.	(NOTE: Registered Agent signature requination (NOTE: Registered Agent signature requination) 13. (NOTE: Registered Agent signature requination) 1.1 TITLE 1.2 NAME	vired when reinstating)	Durpose of changing its registered opt the appointment as registered DATE CERS AND DIRECTORS IN 12	
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STREET ADDRESS     G.3 STREET ADDRESS     G.4 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;	agent. 1 a SIGNATURE . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BUNDY, EDGA 310 W. EVERG WHEATON IL STD HARPER, THO 3013 EAST HA TUCSON AZ VD WOODS, FOR 603 GREEN H DUNCANVILLE D KIRKLAND, JA 6141 RHYTHM	d nome of registered agent OFFICERS AND R C. REEN ST. MAS R RDY PLACE BES ILLS RD TX MES B	and tile if applicable. DIRECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	(NOTE: Registered Agent signeture required Agent signet Address 3.4 City - ST - ZiP         4.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         2.4 City - ST - ZiP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 City - ST - ZiP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 City - ST - ZiP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 City - ST - ZiP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 City - ST - ZiP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 City - ST - ZIP         6.1 TITLE         6.2 NAME	vired when reinstating)	purpose of changing its registered	