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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 820773

(0)

HEINEMANN'S, INC.

FILED

Jan 29 1997 8:00am

Secretary of State

Principal Place of Business 3925 WEST 43RD STREET 30 S. WACKER DR., SUITE 2900 CHICAGO ILLINOIS 60632		Mailing Address 3925 WEST 43RD STREET 30 S. WACKER DR., SUITE 2900 CHICAGO ILLINOIS 80632-3411			
				3. Date Incorporated or Qualified 10/03/1967	3a. Date of Last Report 04/09/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		36-1206130	Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]	T 0 .	Trust Fund Contribution	Added to Fees
Zip	Country	7 φ	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Curren	[29] I Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	
CT	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable	
	NTATION FL 33324		62 SHEEL AGE	aress (P.O. Box Number is Not Acceptable	ic)
			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0507	2 and 607 1508 Florida Statu	tes the above named cor	poration culmite this statement for the ry	FL Special 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.					
_	am iamiliar with, and accept the obliga	nions of, Section 607.0505, Fi	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable (ÑÓ	If : Registered Agent signature requ	ared when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	☐ DEFE1F	1.1 THE		Change Addition
NAME	GRAHAM, VINCENT J JR.		1.2 NAME		
STREET ADDRESS	3925 W 43 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 00000		1.4 CITY - ST - ZIP		
TITLE	SVD DORNER, GREGG H	T DETELE	2.1 TILE		☐ Change ☐ Addition
NAME	3925 W 43 ST		2.2 NAME		
STREET ADDRESS	CHICAGO, IL 00000		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY - ST - ZIP		Change Addition
NAME	GRAHAM, SUSAN	, , , , , , , , , , , , , , , , , , ,	3.2 NAME		Shange madition
STREET ADDRESS	3925 W 43 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 00000		3.4. CITY - \$1 - 7IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - 7IP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	1		5.2 NAME		,
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY - ST - ZIP		
TITLE		☐ D£LÉTE	6111111		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET AUDRESS		
CITY_ST_7IP	I		EXICITY, ST. 7(D)		I

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). Fiorida Statutes. I further certify that the information indicated on this annual popular 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 county attion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of chapter 607, attachment with an address.