

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

FILED

Jan 17 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 # 825812 (1)

1. Corporation Name
M. ECKER & CO.

Principal Place of Business
5374 NORTH ELSTON AVE.
CHICAGO IL 60630-1636

Mailing Address
5374 NORTH ELSTON AVE.
CHICAGO IL 60630-1636



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
02/25/1971

3a. Date of Last Report
03/26/1996

4. FEI Number

36-2668794

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, DONALD	
STREET ADDRESS	5374 N. ELSTON AVENUE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	DVD	<input type="checkbox"/> DELETE
NAME	BURICH, JOHN	
STREET ADDRESS	5374 N. ELSTON AVENUE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARRESE, FRANK L	
STREET ADDRESS	5374 N. ELSTON AVENUE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEMOS, JAMES T	
STREET ADDRESS	5374 N. ELSTON AVE.	
CITY - ST - ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DUHL, STUART	
STREET ADDRESS	5374 N. ELSTON AVENUE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CIANGIOLA, PATRICIA	
STREET ADDRESS	5374 N ELSTON AVE	
CITY - ST - ZIP	CHICAGO, ILL 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DVC (DIRECTOR & VICE CHAIRMAN) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURICH, JOHN
2.3 STREET ADDRESS	5374 N. ELSTON AVENUE
2.4 CITY - ST - ZIP	CHICAGO, IL 60630
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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; 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

773-685-5500

CR2E034 (9/96)