

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828260 (0)

1. Corporation Name
COSMIC ENTERPRISES, INC.

Principal Place of Business 225 N MICHIGAN AVE CHICAGO IL 60601	Mailing Address 225 N MICHIGAN AVE ATTN: E ROMONOFKY CHICAGO IL 60601-7801 US
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21. Principal Place of Business State, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
22. State, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. ATTN: B. GONOS
24. Zip Country	28. City & State
25. Country	29. Zip Country
30. Country	

3. Date Incorporated or Qualified 07/10/1972	3a. Date of Last Report 04/24/1996
4. FEI Number 36-2735452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City FL B5. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY, LEE R.	1.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN R.	2.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANT, RICHARD W. JR	3.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	3.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, ROBERT H.	4.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARK	5.2 NAME	
STREET ADDRESS	225 N. MICHIGAN AVE.	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	5.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRELL, EDWIN A	6.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	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 prior attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-23-97** TELEPHONE: **312-665-1892**

CR2E034 (9/96)