## **FÎLE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 836604

(9)

Mailing Address

CAPITOL CONSTRUCTION GROUP, INC.

FILED
Jan 27 1997 8:00am
Secretary of State

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1400 SOUTH W BUILDING 100 WHEELING IL 6			1400 SOUTH BUILDING 100 WHEELING IL	)				Date Incorporated or Qualified	3a. Dat	e of Last	Report	
					06/30/1976	01/30/1996						
2. Principal P	ace of Business		2a. Mailing A	cidress				4. FEI Number			Applied For	
21			26			<u></u> -		36-2474012			Not Applicable	
22 27			27	e, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State 28						6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees						
Zip <b>24</b>	25 Cou	,	Zip Country <b>30</b>			8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes Yes No						
	9. Name and Add	dress of Current F	Registered Age	nt		Ι.,		10. Name and Address of New Re	gistered A	gent		
	TED STATES CORF	PORATION COM	PANY			81	Name					
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)								
	E 105					83	·····		<del></del>			
TALLAHASSEE FL 32301				63								
						84	City		FL	<b>85</b> Zip	p Code	
11. Pursuant t	to the provisions of S	ections 607.0502 a	ind 607 1508, F	lorida Statuti	es, the a	bove	e-named o	corporation submits this statement for the p	urpose of o	Ll. changing	its registered	
agent Lac	egistered agent, or ti m lamihar with, and a	ican, in the state of iccept the obligate	ons of, Section 6	607.0505, Flo	orida Sta	lutes	ine corpo S.	oration's board of directors. I hereby accept	it trie appo	minerii a	is registered	
SIGNATURE	Bignation, typed or printed r	ir a siil	feet family to	/N/st	C. Ousiatava	at Assu	ut manati vi	required when reinstating)	DATE			
12.	anglia (in ) (good as pointed)	OFFICERS AND I		(NOTI	13.		int signature t	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12	
TITLE	P			DELETE	1.1 T	• • • • • • • • • • • • • • • • • • • •				Change	(	
NAME	BELCASTER, LAI	rry			1.2 N	AME	ĺ					
STREET ADDRESS	730 PARK AVE.				1.3 S	TAEET	ADDRESS					
CITY - S.f - ZIP	RIVER FOREST I	L			1.4 0	HTY-S	T - ZIP				]	
TITLE	8			] DELETE	217	ITLE			{	Change	Addition C	
NAME	STERNFIELD, SC				22 N	IAME					-	
STREET ADORESS	1000 CAPITOL D	XRIVE			23S	TREET	ADDRESS					
Cit's - S* - ZIP	WHEELING IL			1 56. 676		CITY-S	ST - ZIP			<del>-1</del> -2		
TITLE	D DOCEDIA		L.	] DELETE	3.1 T				-	Change	e L Addition	
NAME	FREED, JOSEPH				32 N				-1			
STREET ACORESS	1000 CAPITOL D WHEELING IL	MIYC.					ADDRESS				. !	
COTA - ST - ZOP TOTALE	VF			DELETE	34.0 41T	CITY-S	ST-ZIP			Change	Addition	
NAME	MEDERICH, PAU	II R	_	J OCELIE		NAME			·	onange	. C reconion	
STEEFT ADDRESS	518 S WILLE ST						ADDRESS				1	
i	MT PROSPECT										-	
COTY+ST-ZIF TOTALE	INT THOOLEOT	'le-		DELETE	5.1 T	ITLE	1-21			Change	e	
NAME				J OCCC.	5.2 N				,	Ondrigo	,	
STREET ADORESS							ADDRESS					
CHT-S"-7P						HTY-S						
Title			L	DELETE	6.1 T					Change	Addition	
NAME			<b>L</b>		6.2 N		ļ		•			
STREET ADORESS	İ						ADDRESS					
City-St-Zie						HTY - S						
	ov certily that the loke	miation supplied v	vith this filma do	es not qualit		******		ated in Section 119.07(3)(i), Florida Statutes	s. I further	certify the	at the	

I. I do he'eby certify the The Internation supplied with this fling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this animal 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 diffector of this control of the control of th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/17 (347) 215-2500

Daytime Phone #