

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 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 # 839882 (8)  
1. Corporation Name  
VJG HOLDINGS, INC.



Principal Place of Business C/O THE CORPORATION TRUST COMPANY 100 W. TENTH ST. WILMINGTON DE 19801	Mailing Address C/O THE CORPORATION TRUST COMPANY 100 W. TENTH ST. WILMINGTON DE 19801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 W. Orange Blossom Tr. Suite, Apt. #, etc.		2a. Mailing Address 26 500 W. Orange Blossom Trail Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/25/1978	3a. Date of Last Report 05/01/1996
22 City & State 23 Apopka, FL		27 City & State 28 Apopka, FL		4. FEI Number 36-2748016	Applied For Not Applicable
24 32712		25 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 32712		27 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 32712		29 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DICKES, BYRAM E.	1.2 NAME	Gramm, Walter P.
STREET ADDRESS	100 S WACKER DR #1140	1.3 STREET ADDRESS	695 Prospect St.
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Winnetka, IL 60093
TITLE	VPS	2.1 TITLE	D/C
NAME	TICEHURST, CHARLES A.	2.2 NAME	Puth, John W.
STREET ADDRESS	1563 CASA RIO DR	2.3 STREET ADDRESS	180 Dewindt Rd
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winnetka, IL 60093
TITLE	D	3.1 TITLE	D
NAME	SHACKELFORD, DONALD	3.2 NAME	Varley, Joseph R.
STREET ADDRESS	20 EAST BROAD STREET	3.3 STREET ADDRESS	620 Spruce St.
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	Winnetka, IL 60093
TITLE	D	4.1 TITLE	D
NAME	FOSTER, FRANCIS G.	4.2 NAME	Vaughan, John C.
STREET ADDRESS	3255 PACIFIC AVENUE	4.3 STREET ADDRESS	23 W 17 Kings Court
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	Glen Ellyn, IL 60137
TITLE	D	5.1 TITLE	V/S
NAME	JAMES, EDWARD R.	5.2 NAME	Janosik, John
STREET ADDRESS	1535 LAKE COOK ROAD	5.3 STREET ADDRESS	500 W. Orange Blossom Trail
CITY-ST-ZIP	NORTHBROOK IL	5.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Hearn, Charles
STREET ADDRESS		6.3 STREET ADDRESS	500 W. Orange Blossom Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Apopka, FL 32712

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 or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOHN JANOSIK VP/Sec)

Date 8/20/97 Daytime Phone 407-886 5555

CR2E034 (4/97)