


FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Apr 14 1997 8:00am
Secretary of State

DOCUMENT # 846454
1. Corporation Name

RANILOD, INC.

Principal Place of Business

38892 N DEEP LAKE RD.
P.O. BOX 6099
LAKE VILLA, IL. 60046

Mailing Address

P.O. BOX 6099
LAKE VILLA, IL. 60046

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
07/10/1980

3a. Date of Last Report
03/12/96

4. FEI Number
36-2558736

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

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
DATE

12. OFFICERS AND DIRECTORS
11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP
11.5 TITLE
11.6 NAME
11.7 STREET ADDRESS
11.8 CITY - ST - ZIP
11.9 TITLE
11.10 NAME
11.11 STREET ADDRESS
11.12 CITY - ST - ZIP
11.13 TITLE
11.14 NAME
11.15 STREET ADDRESS
11.16 CITY - ST - ZIP
11.17 TITLE
11.18 NAME
11.19 STREET ADDRESS
11.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY - ST - ZIP
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP
12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP
12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 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)(c), Florida Statutes. I further certify that the information contained 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:  EDWARD F DOLINAR 04/08/97
847-356-2456
941-472-6911

CR2E034 (9/96)