

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 # 849181

(3)

1. Corporation Name:

ALLIED BUILDING CRAFTS, INC.

Principal Place of Business

5374 NORTH ELSTON AVE.
CHICAGO IL 60630

Mailing Address

5374 NORTH ELSTON AVE.
CHICAGO IL 60630-1636

3. Date Incorporated or Qualified
05/19/1981

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

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

4. FEI Number

36-3042983

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

REISMAN, STEPHEN H
1 S.E. 3RD AVENUE
SUITE 2600
MIAMI FL 33131

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 type: For printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

ST
DEMOS, JAMES T.
5374 N. ELSTON AVENUE
CHICAGO IL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VP
BASEGGIO, JAMES L.
223 SW 28TH STREET
FORT LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
GOLDTEIN, GAIL
1111 CROFTON
HIGHLAND PARK IL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD
CAVANAUGH, SEAN
21443 N.23RD AVE.
PHOENIX AZ

TITLE NAME STREET ADDRESS CITY- ST- ZIP

AS
DUHL, STUART
401 N. MICHIGAN AVE.
CHICAGO IL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

AS
CIANGIOLA, PATRICIA E.
5374 N. ELSTON AVE.
CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date:

773-685-5500

Daytime Phone: #

CR2E034 (9/96)