

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

36-3042983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
ST
DEMONS, JAMES T.
STREET ADDRESS
5374 N. ELSTON AVENUE
CITY - ST - ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
VP
BASEGGIO, JAMES L.
STREET ADDRESS
223 SW 28TH STREET
CITY - ST - ZIP
FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
D
GOLDTEIN, GAIL
STREET ADDRESS
1111 CROFTON
CITY - ST - ZIP
HIGHLAND PARK IL

TITLE ☐ DELETE

NAME
PD
CAVANAUGH, SEAN
STREET ADDRESS
21443 N.23RD AVE.
CITY - ST - ZIP
PHOENIX AZ

TITLE ☐ DELETE

NAME
AS
DUHL, STUART
STREET ADDRESS
401 N. MICHIGAN AVE.
CITY - ST - ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
AS
CIANGIOLA, PATRICIA E.
STREET ADDRESS
5374 N. ELSTON AVE.
CITY - ST - ZIP
CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NATI REQUIRED

1/22/98

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CR2E034 (10/97)