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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851464
1. Corporation Name
THE BALSAMO/OLSON GROUP, INC.

APPROVED
90 FEB 17 11:11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1 S 376 SUMMIT AVENUE
OAKBROOK TERRACE IL 60181**

Mailing Address
**1 S 376 SUMMIT AVENUE
OAKBROOK TERRACE IL 60181**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
25
26
27
28
29
30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1981

4. FEI Number
36-2911779

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 owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MICHALAROS, TONY
6301-1 RIVERWALK LANE
JUPITER FL 33458**

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, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature, name, and address required)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BALSAMO, SALVATORE J.
STREET ADDRESS	280 TRADEWINDS
CITY-ST-ZIP	PALM BEACH FL
TITLE	VS
NAME	OLSON, ROBERT A.
STREET ADDRESS	1 S 376 SUMMIT AVE.
CITY-ST-ZIP	OAKBROOK TERRACE IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other persons empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 630-629-9800

CR2E034 (11/98)