

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**

1996 SEP -4 PM 4:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851487 (9)

1. Corporation Name
FRANK ORLANDO, JR. & CO., INC.

Principal Place of Business 501 W. ALGONQUIN RD. ARLINGTON HEIGHTS IL 60005	Mailing Address 501 W. ALGONQUIN RD. ARLINGTON HEIGHTS IL 60005
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

3. Date Incorporated or Qualified 12/31/1981	3a. Date of Last Report 05/01/1995
4. FEI Number 36-2999939	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RADICE, GENE
1260 101 STREET
MIAMI BEACH FL 33154**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.

83

84 City **PLANTATION** **FL** **85** Zip Code **33324**

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 *John A. Pope, Beth A. Pope, Asst. Secy* **8/22/96**

Signature typed in Block 12 or Block 13 of registered agent and director (applicable only if the Registered Agent's signature is given when not in print) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORLANDO, FRANK, JR	
STREET ADDRESS	501 W ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MUENCH, FRANK	
STREET ADDRESS	501 W ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOSCH-GROMALA, PATRICIA	
STREET ADDRESS	501 W ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, GORDON	
STREET ADDRESS	501 W. ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOONEY, STUART	
STREET ADDRESS	501 W. ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOU ELMALEH	
STREET ADDRESS	501 W. ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DARLENE REYNOLDS-HOPPE
13 STREET ADDRESS	501 W. ALGONQUIN RD.
14 CITY-ST-ZIP	ARLINGTON HGTS, IL, 60005
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LEONARD MICALLEF
23 STREET ADDRESS	501 W ALGONQUIN RD.
24 CITY-ST-ZIP	ARLINGTON HGTS, IL, 60005
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	600001950696
43 STREET ADDRESS	-09/18/96--01073--005
44 CITY-ST-ZIP	****233.75 ****233.75
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Gosch Gromala* **8/7/96** **847-364-9220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

PATRICIA GOSCH-GROMALA

CR2E034 (3/96)

Handwritten initials/signature