

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

**FILED**  
**Jun 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>501 W. ALGONQUIN RD.                  ARLINGTON HEIGHTS IL 60005</b>	Mailing Address <b>501 W. ALGONQUIN RD.                  ARLINGTON HEIGHTS IL 60005-4411</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>12/31/1981</b>	3a. Date of Last Report <b>09/04/1996</b>
4. FEI Number <b>36-2999939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**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  
**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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when resigning.) 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	V	<input type="checkbox"/> DELETE
NAME	REYNOLDS-HOPPE, DARLENE	
STREET ADDRESS	501 W. ALGONQUIN RD.	
CITY-ST-ZIP	ARLINGTON HGTS IL 60005	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOSCH-GROMALA, PATRICIA	
STREET ADDRESS	501 W ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICALLEF, LEONARD	
STREET ADDRESS	501 W. ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL 60005	
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	ELMALEH, LOU	
STREET ADDRESS	501 W. ALGONQUIN RD	
CITY-ST-ZIP	ARLINGTON HGTS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MILLER, LOUIS R.	
1.3 STREET ADDRESS	501 W. ALGONQUIN RD.	
1.4 CITY-ST-ZIP	ARLINGTON HGTS, IL 60005	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(c), 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: *Louis R Miller* LOUIS R MILLER 5/27/97 847-364-9220

CR2E034 (9/96)