

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1981</b>	
21		26		4. FEI Number <b>36-2999939</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CONTROLLER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORLANDO, FRANK JR</b>	1.2 NAME	<b>LOUIS R. MILLER</b>
STREET ADDRESS	<b>501 W ALGONQUIN RD</b>	1.3 STREET ADDRESS	<b>501 W. ALGONQUIN RD</b>
CITY-ST-ZIP	<b>ARLINGTON HGTS IL</b>	1.4 CITY-ST-ZIP	<b>ARLINGTON HGTS IL.</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYNOLDS-HOPPE, DARLENE</b>	2.2 NAME	
STREET ADDRESS	<b>501 W. ALGONQUIN RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON HGTS IL 60005</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOSCH-GROMALA, PATRICIA</b>	3.2 NAME	
STREET ADDRESS	<b>501 W ALGONQUIN RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON HGTS IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICALLEF, LEONARD</b>	4.2 NAME	
STREET ADDRESS	<b>501 W. ALGONQUIN RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON HGTS IL 60005</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOONEY, STUART</b>	5.2 NAME	
STREET ADDRESS	<b>501 W. ALGONQUIN RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON HGTS IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELMALEH, LOU</b>	6.2 NAME	
STREET ADDRESS	<b>501 W. ALGONQUIN RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON HGTS IL</b>	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.

SIGNATURE: *Louis R. Miller* **LOUIS R. MILLER** **4/20/98** **607-314-9220**

CR2E034 (10/97)