

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90014 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F82597
 1. Corporation Name
FINZER ROLLER OF FLORIDA, INC.

Principal Place of Business 2580 OLD COMBEE ROAD LAKELAND FL 33805	Mailing Address 129 RAWLS ROAD DES PLAINES IL 60018-1329
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/01/1982	
4. FEI Number 59-2192223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FINZER, JOHN O., III	
STREET ADDRESS	129 RAWLS ROAD	
CITY-ST-ZIP	DES PLAINES IL 60018-1328	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, THOMAS E III	
STREET ADDRESS	129 RAWLS ROAD	
CITY-ST-ZIP	DES PLAINES IL 60018-1328	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINZER, CHRISTINE E	
STREET ADDRESS	129 RAWLS ROAD	
CITY-ST-ZIP	DES PLAINES IL 60018-1328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINZER, JOHN O JR	
STREET ADDRESS	129 RAWLS ROAD	
CITY-ST-ZIP	DES PLAINES IL 60018-1328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINZER, MARTIN B	
STREET ADDRESS	129 RAWLS ROAD	
CITY-ST-ZIP	DES PLAINES IL 60018-1328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINZER, DAVID M	
STREET ADDRESS	129 RAWLS ROAD	
CITY-ST-ZIP	DES PLAINES IL 60018-1328	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sullivan, SusanF.	
1.3 STREET ADDRESS	129 Rawls Road	
1.4 CITY-ST-ZIP	Des Plaines, IL 60018	
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 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 like empowered.

SIGNATURE: Thomas E. Ryan, III DATE: 3/30/99 DAYTIME PHONE #: 847.390.6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)