

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000867 (3)**

1. Corporation Name

LUNT REALTY AND INVESTMENT CORPORATION



Principal Place of Business

Mailing Address

6900 MCCORMICK BLVD.
LINCOLNWOOD IL 60645

6900 MCCORMICK BLVD.
LINCOLNWOOD IL 60645

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/28/1992	08/14/1995
4. FEI Number	Applied For
36-6063787	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSINGER, IRWIN	2. NAME	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	3. STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	4. CITY-ST-ZIP	
TITLE	VS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSINGER, SHARON B	6. NAME	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	7. STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	8. CITY-ST-ZIP	
TITLE	I	9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUZ, HERBERT	10. NAME	STURZ, HERBERT
STREET ADDRESS	6900 MCCORMICK BOULEVARD	11. STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	12. CITY-ST-ZIP	
TITLE	VD	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSINGER, GARY	14. NAME	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	15. STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	16. CITY-ST-ZIP	
TITLE	VD	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, SUZANNE G	18. NAME	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	19. STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	20. CITY-ST-ZIP	
TITLE	VD	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, CARILINE G	22. NAME	SCHILLER, CAROLINE G
STREET ADDRESS	6900 MCCORMICK BOULEVARD	23. STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	24. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96

Date

847-675-8300

Daytime Phone #

CR2E034 (12/95)