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Jan 23, 1999 8:00am  
Secretary of State

01-23-1999 90042 047 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000867

1. Corporation Name

LUNT REALTY AND INVESTMENT CORPORATION

Principal Place of Business

6900 MCCORMICK BLVD.  
LINCOLNWOOD IL 60645

Mailing Address

6900 MCCORMICK BLVD.  
LINCOLNWOOD IL 60645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1992

4. FEI Number

36-6063787

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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 P ☐ DELETE  
NAME GROSSINGER, IRWIN  
STREET ADDRESS 6900 MCCORMICK BOULEVARD  
CITY-ST-ZIP LINCOLNWOOD IL 60645

TITLE VS ☐ DELETE  
NAME GROSSINGER, SHARON B  
STREET ADDRESS 6900 MCCORMICK BOULEVARD  
CITY-ST-ZIP LINCOLNWOOD IL 60645

TITLE T ☐ DELETE  
NAME SCHILLER, CAROLINE G  
STREET ADDRESS 6900 MCCORMICK BOULEVARD  
CITY-ST-ZIP LINCOLNWOOD IL

TITLE VD ☐ DELETE  
NAME GROSSINGER, GARY  
STREET ADDRESS 6900 MCCORMICK BOULEVARD  
CITY-ST-ZIP LINCOLNWOOD IL 60645

TITLE VD ☐ DELETE  
NAME GOULD, SUZANNE G  
STREET ADDRESS 6900 MCCORMICK BOULEVARD  
CITY-ST-ZIP LINCOLNWOOD IL 60645

TITLE VD ☐ DELETE  
NAME SCHILLER, CAROLINE G.  
STREET ADDRESS 6900 MCCORMICK BOULEVARD  
CITY-ST-ZIP LINCOLNWOOD IL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)