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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	· · /	iry of State CORPORATIONS		
1. Corporation	MENT # F920 (Name SOUTH, INC.	00000925 (9))	1 180 MBB AINE 10010 110M 88HE 88H	N ÁBRI BOM BOM BOM BERÐ AÐM HÁÐA BIÐ HOÐ
Principal Place	of Business	Mailing Address			
1520 N. ROC JOLIET IL 60	k run drive. Suite 22	1520 N. ROCK RUN DR JOLIET IL 60435	IVE. SUITE 22		
VOLIET IE OU	403	TODIC! IC WAS			· •
				3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 02/08/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		26		36-3849215	Not Applicable
Suite, Apt. i	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27 Ch. R. State			- Fee Required
Oity & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30	Florida Statutes	s □No
	9. Name and Address of Curr	ent Registered Agent	041	10. Name and Address of New I	Registered Agent
C T CO	RPORATION SYSTEM		81 Name		
	OUTH PINE ISLAND ROAD		B2 Street Ad	Idress (P.O. Box Number is Not Accepta	ble)
	TION FL 33324		83		
. =					
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607,05	02 and 607.1508, Florida Statuter	s, the above-named corp	poration submits this statement for the pubard of directors. I hereby accept the app	rpose of changing its registered office
familiar wit	h, and accept the obligations of, Se	ection 607.0505, Florida Statutes.	a by the corporation 5 be	said of directors. Thereby decept the app	1/3501
SIGNATURE	Logison	gent and trile if applicable. (NOT	E. Registered Agent signature requ	and who wirel the a	7.00-76
12.		AND DIRECTORS	13.		ICERS AND DIRECTORS IN 12
TITLE	PCD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	BARR, GEORGE		12 NAME		
STREET ADDRESS	1520 N. ROCK RUN DRIVE	., SUITE 22	13 STREET ADDRESS		
CITY-ST-7/P	JOLIET IL 60435 S		1.4 CITY - ST - ZIP		
1·TLF	3				
LIKE AT	RORELLA KIM	☐ DELETE	2 1 TITLE		Change: Addition
	Borella, Kim 1520 N. Rock Run Drive	_	2 1 TITLE 22 NAME		☐ Chang-: ☐ Addilion
STREET ADDRESS	Borella, Kim 1520 n. Rock Run Drive Joliet Il 60435	_	2 1 TITLF 22 NAME 23 STREET ADDRESS		☐ Chang-: ☐ Addition
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STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	1520 N. ROCK RUN DRIVE	DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4. 1 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6. 1 TITLE		Change Addition Change Addition Change Addition

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 chapter, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ___

4-25-96

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