

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000001916 (6)**

1. Corporation Name
FCSC, INC.

Principal Place of Business

**1510 75TH ST
DARIEN IL 60561
US**

Mailing Address

**1510 75TH ST
DARIEN IL 60561
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1993

4. FEI Number

36-3884691

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PACOKHA, THOMAS	
STREET ADDRESS	1840 75TH STREET	
CITY - ST - ZIP	CHICAGO IL	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MALINDAS, DEBBY	
STREET ADDRESS	1510 75TH STREET	
CITY - ST - ZIP	CHICAGO IL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHARN, ROBERT	
STREET ADDRESS	1510 75TH STREET	
CITY - ST - ZIP	CHICAGO IL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYLE, BERNARD	
STREET ADDRESS	8700 W. DEVON AVENUE	
CITY - ST - ZIP	CHICAGO IL 60650	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLOS MONTOLYA	
1.3 STREET ADDRESS	1510 75TH STREET	
1.4 CITY - ST - ZIP	DARIEN IL 60561	

2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARISTOTLE HALIKIAS	
2.3 STREET ADDRESS	1510 75TH STREET	
2.4 CITY - ST - ZIP	DARIEN IL 60561	

3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL HALIKIAS	
3.3 STREET ADDRESS	1510 75TH STREET	
3.4 CITY - ST - ZIP	DARIEN, IL, 60561	

4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1510 75TH STREET	
4.4 CITY - ST - ZIP	DARIEN IL 60561	

5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATRICIA HALIKIAS	
5.3 STREET ADDRESS	1510 75TH STREET	
5.4 CITY - ST - ZIP	DARIEN, IL 60561	

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.

SIGNATURE: *Bernard Mayle, Secretary 2-18-98*

CR2E034 (10/97)