

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003747 (3)

1. Corporation Name

AMERICAN BOOK DISPLAY COMPANY, INC.

Principal Place of Business

1700 WEST HIGGINS RD., STE. 260
DES PLAINES IL 60018

Mailing Address

1700 WEST HIGGINS RD., STE. 260
DES PLAINES IL 60018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
11/03/1994

4. FBI Number
36-3842842

Applied For
Not Application

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. This corporation has adopted the provisions of Chapter 1103, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

State, Apt. # etc.

2a. Mailing Address

State, Apt. # etc.

City & State

City & State

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, YALE T
7900 RED RD., STE. 9
SOUTH MIAMI FL 33143**

01 Name

02 Street Address, P.O. Box Number is Not Acceptable

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1504, 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 hereby resigning and accepting the resignation of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent or Registered Agent with Consent

Signature of Registered Agent with Consent or Registered Agent

(Date)

12. OFFICERS AND DIRECTORS	
NAME	CDP
STREET ADDRESS	WEBER, LOUIS
CITY	7373 NORTH CICERO AVENUE
STATE	LINCOLNWOOD IL 60648
NAME	ST
STREET ADDRESS	MADORELL, RICHARD
CITY	7373 NORTH CICERO AVENUE
STATE	LINCOLNWOOD IL 60648
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY	
STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY	
STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY	
STATE	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY	
STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in law (see 1103.01, Florida Statutes). I further certify that this information is required for the annual report or supplemental annual report by law and is correct 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 concerned in making this report as required by Chapter 1103, Florida Statutes, and that my name appears in the book of the corporation or the receiver or trustee concerned in making this report.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.G. BRITTSAN

6/29/95