

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000003832 (3)

1. Corporation Name

SUCCESSORIES OF ILLINOIS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 919 SPRINGER DRIVE LOMBARD IL 60148	Mailing Address 919 SPRINGER DRIVE LOMBARD IL 60148
---	---

3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 03/02/1994
--	--

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

4. FEI Number 36-3760233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**WERNER, KEN
 % SUCCESSORIES/ORLANDO FASHION SQUARE
 3201 E. COLONIAL DRIVE
 ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ARNOLD M	1.2 NAME	
STREET ADDRESS	919 SPRINGER DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOMBARD IL 60148	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, JAMES	2.2 NAME	<i>Bethraime James</i>
STREET ADDRESS	919 SPRINGER DRIVE	2.3 STREET ADDRESS	<i>919 Springer Drive</i>
CITY - ST - ZIP	LOMBARD IL 60148	2.4 CITY - ST - ZIP	<i>Lombard, IL 60148</i>
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, TIMOTHY C	3.2 NAME	
STREET ADDRESS	919 SPRINGER DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOMBARD IL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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: *Timothy C. Dillon* **Timothy C. Dillon** *6/27/94* **708/953-1202**