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Jan 21 1998 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F94000001983 (5)**

1. Corporation Name
COZZINI, INC.

Principal Place of Business
**4300 W. BRYN MAWR AVE.
CHICAGO IL 60646**

Mailing Address
**4300 W. BRYN MAWR AVE.
CHICAGO IL 60646**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**FERNANDEZ, RALPH
1919 PREMIER ROW
ORLANDO FL 32809**

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 filer if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC**
NAME **COZZINI, IVO**
STREET ADDRESS **4300 W. BRYN MAWR AVE.**
CITY-ST-ZIP **CHICAGO IL**

☐ DELETE

TITLE **V**
NAME **COZZINI, OSCAR**
STREET ADDRESS **4300 W. BRYN MAWR AVE.**
CITY-ST-ZIP **CHICAGO IL**

☐ DELETE

TITLE **STD**
NAME **COZZINI, OSWALD**
STREET ADDRESS **4300 W. BRYN MAWR AVE.**
CITY-ST-ZIP **CHICAGO IL**

☐ DELETE

TITLE **D**
NAME **MUSCARELLO, MARK**
STREET ADDRESS **4300 W. BRYN MAWR AVE.**
CITY-ST-ZIP **CHICAGO IL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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.

SIGNATURE **Ivo Cozzini, President 773/478-9700 1/5/98**

CR2E034 (10/97)