

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003213 (5)
1. Corporation Name
FLORIDA WAREHOUSE MANAGEMENT SERVICES, INC.



Principal Place of Business 23 PUBLIC SQUARE, STE. 440 BELLEVILLE IL 62220	Mailing Address 23 PUBLIC SQUARE, STE. 440 BELLEVILLE IL 62220-1627
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 01/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 37-1206365	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, JURGEN K	1.2 NAME	
STREET ADDRESS	PO BOX 8 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABST, KIP	2.2 NAME	
STREET ADDRESS	PO BOX 8 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, DAVID	3.2 NAME	
STREET ADDRESS	PO BOX 67 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	3.4 CITY-ST-ZIP	
TITLE	DOCO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, DENNIS	4.2 NAME	
STREET ADDRESS	900 ENGINEERS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRANITE CITY IL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, PATRICK M	5.2 NAME	
STREET ADDRESS	23 PUBLIC SQ., STE. 440	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVILLE IL 62220	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDAY, WILLIAM	6.2 NAME	
STREET ADDRESS	PO BOX 67 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	6.4 CITY-ST-ZIP	

14. I do 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: *Patrick M. Flynn* 1/8/97 618-233-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patrick M. Flynn, Secretary Date Daytime Phone #

CR2E034 (9/96)