


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

FILED
Feb 02 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 # F94000004381 (9) 1. Corporation Name TOMBER CORPORATION		



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JOHN S. SHAPIRA 115 S. LASALLE ST. SUITE 3500 CHICAGO IL 60603		Mailing Address C/O JOHN S. SHAPIRA 115 S. LASALLE ST. SUITE 3500 CHICAGO IL 60603	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 08/23/1994		4. FEI Number 36-3616513	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Additional Fee Required \$8.75	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		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	PD	1.1 TITLE	
NAME	SHAPIRA, JOHN S	1.2 NAME	
STREET ADDRESS	560 LYMAN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	SIMON, HARRY I	2.2 NAME	
STREET ADDRESS	4325 GULF OF MEXICO DRIVE, APT. 604	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	HUGHES, JOHN M	3.2 NAME	
STREET ADDRESS	C/O 115 S. LASALLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	
NAME	CATALDO, JACQUELINE A	4.2 NAME	
STREET ADDRESS	C/O 115 S. LASALLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 from an attachment with an address.

SIGNATURE: *John S. Shapira* 1-19-98 312-443-0277

CR2E034 (10/97)