FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

1. Corporation	MENT # F9500 IATIONAL, INC.	0000889 (4	1)		
noa n	ACTIONAL, BIO				18 11) 11 111 1 1 111 1 1 11 111 1 1 11
Principal Place	of Business	Mailing Address			
154 W. HUBBARD ST., #250 CHICAGO IL 60610		154 W. HUBBARD ST., #250 CHICAGO IL 60610			
				3. Date Incorporated or Qualified 3a. Da 02/22/1995	ite of Last Report
 -	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	0	26		36-3880860	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State	77 11 11 11 11 11 11 11 11 11 11 11 11 1	6. Election Campaign Financing	\$5.00 May Be
23] Zip	Country	28	T - 2	Trust Fund Contribution	Added to Fees
24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible Florida Statutes Yes No	tax under s 199.032,
	9. Name and Address of Curren			10. Name and Address of New Registered	1 Agent
			81 Name		
	CE HALL LEGAL & FINANCIAL S	SERVICES	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1201 HA	AYS ST. ASSEE FL 32301		83		
IALDAN	MOOCE PL 32301				
			84 City	Fl	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above named corpor	ration submits this statement for the purpose of of	panging its registered office
familiar wit	h, and accept the obligations of, Secti	oa. Sucri change was authori ion 607.0505, Florida Statute:	zed by the corporation's boat s.	rd of directors. Thereby accept the appointment a	s registered agent. I am
SIGNATURE _	2000				
12.	Signature, typed or printed name of registered agent OFFICERS ANS		OTL: Registered Agont signature required 13.	d when reinstating: DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 49
TITLE	VDC	DELETE	1. 1 11TLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	BLOCK, BRUCE H		1.2 NAME		
STREET ADDRESS	154 W. HUBBARD, #250		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		1.4 CITY - ST - ZIP		
TITLE	SD popular	□ DELETE	2 1 TITLE		Change Addition
NAME CIRCLIADORES	ROSS, ROBERT S		2 2 NAME		
STREET ADDRESS CITY-S1-ZIP	154 W. HUBBARD, #250 CHICAGO IL 60610		2.3 STREET ADDRESS		
TITLE	PDC	DELETE	2.4 CITY-ST-7IP 3 1 TITLE		Change Addition
NAME	GOLDFINE, ROBERT S		3 2 NAME		
STREET ADDRESS	154 W. HUBBARD, #250		3.3 STREFT ADDRESS		
CHTY-ST-ZIP	CHICAGO IL 60610		34 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME CANCEL + DEGECO			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP Title		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily for	6 4 City - \$1 - ZiP hished and does not qualify for	or the exemption stated in Section 119.07(3)(k), Fig.	orida Statutos I further
certify that	the information indicated on this annu	al report or supplemental ann	nual report is true and accura	tle and that my signature shall have the same lega s report as required by Chapter 607, Florida Statu	it effect as if made under

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/54