

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001020 (5)**

1. Corporation Name
WARECO SYSTEM OF IOWA, INC.



Principal Place of Business: **PO BOX 1287 JACKSONVILLE IL 62651**
Mailing Address: **PO BOX 1287 JACKSONVILLE IL 62651**

3. Date Incorporated or Qualified: **03/03/1995** 3a. Date of Last Report

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

4. FEI Number: **37-0656672** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**D'ALESSANDRO, VINCE JR.
1200 W. MAIN
LEESBURG FL 34748**

10. Name and Address of New Registered Agent
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 607.1506, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of person making the filing) _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WARE, RICHARD	
STREET ADDRESS	314 COUNTRY CLUB ROAD	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WARE, JON	
STREET ADDRESS	1553 MOUND	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WARE, WILLIAM	
STREET ADDRESS	RR1	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WARE, JAMES R	
STREET ADDRESS	11 AARON AVENUE	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCOBIE, MARK A	
STREET ADDRESS	603 LOCUST	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: *Mark A Scobie* **MARK A SCOBIE** 5/16/96 217-245-9528

CR2E034 (12/95)