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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 04 1998 8:00am Secretary of State

i .	MENT # F9500 RACZ, INC.	00003577 (2)			:		II 46 11 4818 118 6 111 18	. .	
Principal Place of Business Mailing Address						(dii 1001 1001	
3282 GIFFOF SARASOTA I	RD LN	3282 GIFFORD LN SARASOTA FL 34239	3262 GIFFORD LN			DO NOT WRITE	IN THIS SPACE		
						3. Date Incorporated or Qualified 07/25/1995			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ar	pplied For	
21		26				36-3745781		ot Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	1	Additional	
22 27							Fee Re	equired	
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip			Coun	6. This corporation over of has paid the current year intengible					
24 25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
		etit uedisteten wöeur		1 Name		10. Name and Address of New Heg	listeleo Ağent		
	IACZ, TED 82 G IFFORD LN								
SARASOTA FL 34239					Street Address (P.O. Box Number is Not Acceptable)				
U A	WOODIN I C UTENO		8	3					
				4 City			85 Zip (Code	
	· · · · · · · · · · · · · · · · · · ·			- 7					
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statuti te of Florida. Such change was a igations of, Section 607.0505, Flo	es, the abo authorized orida Statul	ive-named by the cor es,	d corpor poration	ration submits this statement for the pun's board of directors. I hereby accep	rpose of changing it the appointment as	s registered registered	
SIGNATURE									
12.	Signature, typed or printed name of registered a		_	geni signatur	e required	when reinstaling)	DATE CUSTOTO		
TITLE	OFFICERS AND DIRECTORS 13. OCP DELETE 1.170		1.1 TITLE		T	ADDITIONS/CHANGES TO OFFICE	Change	Addition S	
NAME	TRACZ, TED								
STREET ADDRESS	\$282 GIFFORD LN		1.3 STREET ADDRESS					{	
CITY-ST-ZIP	BARACTA EL BAROS		1.4 CITY	1.4 CITY-ST-ZIP					
TITLE	Y	☐ DELETE	2.1 TITLE		TV _A		Change Change	Addition	
NAME	TRACZ, PETER M		2.2 NAM	E	18	TERM. IRACZ	/ -		
STREET ADDRESS	in the second se		2.3 STRE	STREET ADDRESS 7607 BANCASTER 4CITY-ST-ZIP FNBIA NAPOLIS, INB. 46268					
CITY-ST-ZIP	CHICAGO IL 60608	T DELETE	2.4 CITY		T.//	DIANAPOLIS, ING.	46268		
TITLE	9 0010CN EDIO4 M	☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME Street address			3.2 NAM	et address					
CITY-ST-ZIP	ROLLING BROOK IL 60440								
TITLE	†	☐ DELETE	3.4. CITY 4.1 TITLE		\vdash		Change	Addition	
NAME	TRACZ, EVA M		4. 2 NAM				ogu		
STREET ADDRESS	6151 KNOLLWOOD RD #20	8		ET ADDRESS					
CITY-ST-ZIP	WILLOWBROOK IL 60514		4.4 CITY	ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAMI	Ē					
STREET ADDRESS			5.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP		T hereve	5.4 CITY		 				
TIFLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	4		6.2 NAMI						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	pertify that the information supplied	with this filing does not qualify fo	64 CITY r the exem	st-ZIP ption state	L ad in Se	ection 119.07(3)(i), Florida Statutes. I fo	urther 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.