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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F9600001094 (9)

DRENDEL, INC.

FILED Feb 18 1998 8:00am Secretary of State



l = 2l = 98 (217) 787-4184

Principal Place of Busine	Mailing Address						. Rājii aājii āālii āāli	11 11911 WELLY (1	5111 675 1 7851	
1 N. OLD STATE CAPITO	1 N. OLD STATE CAPITOL PLAZA, #501				01					
SPRINGFIELD IL 62701	SPRINGFIELD IL 62701									
							3. Date incorporated or Qu	WRITE IN THIS	SPACE	
							03/04/1996	ameo		
2. Principal Place of Bus	2a. Mailing Address					4. FEI Number		A	pplied For	
21	26					37-1349948		N	lot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desi	red 🔲	\$8.75	Additional	
22	27					G. Certinicate of States Desi	100	Fee R	tequired	
City & State	City & State					6. Election Campaign Finan	ncing	\$5.00	May Be	
23			28				Trust Fund Contribution			to Fees
Zip	Country		Zip Country				8. This corporation owes or			
24 8 Nem	25	29 Paglatored A		30	_		Personal Property Tax du 10. Name and Address of N			X No
Name and Address of Current Registered Agent SALVATORI, LEO J					81	Name	10. Name and Address of F	lew Hegistered	Agent	
4501 TAMIAMI TRAIL NORTH						Harring				
SUITE 300					62	82 Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33940-3060					83					
11AFLEO FL 33940-3000										
					84	City		FL	85 Zip	Code
11 Purguant to the provi	sions of Sections 607.0502	and 607 1509	Elozido Statuto	o the el		nemad ser	pordion submits this statement f		<u> </u>	*
office or registered a	gent, or both, in the State of	f Florida Such	n change was a	uthorize	d by	the corpora	rporation submits this statement for ation's board of directors. I hereby	y accept the app	ointment as	registered
	vin, and accept the obligat	ions of, Sectio	n 607.0505, Flo	rida Stat	tutes					
SIGNATURE	d or printed name of registered agent	and title it applicab	ie (NOTE	Registere	d Ager	ot signature regu	uired when reinstating)	DATE		
12.	OFFICERS AND		(15)	13.	a rigor	n organizato rede	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
TITLE POC			DELETE	1.1 T/	TLE				☐ Change	Addition
	n, donna l			1.2 N/	AME					
STREET ADDRESS 1100 ORENDORFF PKWY.				1.3 STREET ADDRESS						
	ifield IL 62704			1.4 CI	TY-ST	- ZiP				
TITLE \$0			DELETE	2.1 TI	TLE				Change	☐ Addition
	er, janice l			2.2 NA	ME					Ì
STREET ADDRESS 1550 S.			2.3 ST	STREET ADDRESS						
0.77 0.1 2.17	NFIELD 1L 62707			2. 4 C	ITY-S	T- ZIP				
TITLE 1D			DELETE	3.1 TIT	TLE				☐ Change	Addition
	EL, LEE S		•	3.2 NA	ME	-				
	LD JACKSONVILLE RD.			3.3 ST	REET A	ADDRESS				
OHT OF ER	FIELD IL 62704			3.4. C	TY-\$	r-ZIP				
TITLE			☐ DELETE	4.1 TB	TLE				Change	Addition
NAME				4. 2 N	AME					-
STREET ADDRESS				4.3 ST	REET #	NDORESS				
CITY-ST-ZIP				4.4 Cf1	TY-ST	- ZIP				
TITLE			DELETE	5.1 Tit	LE				Change	Addition
NAME				5.2 NA	ME					ſ
STREET ADDRESS				5.3 ST	REET A	DORESS				
CITY-ST-ZIP			,	5.4 CIT	Y-ST	- ZIP		<u> </u>		
TITLE			DELETE	6.1 TIT	LE				Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET A	odress	•			
CITY-ST-ZIP				6.4 CIT	Y-ST	ZIP				

Thereby 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.

Donna L. Nelson,

President