

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005242 (0)

1. Corporation Name

LUSTER LEAF PRODUCTS, INC.

Principal Place of Business

C/O ROBERT M. DONLON/WALTON, LANTAFF
1645 PALM BEACH LAKES BOULEVARD #800
WEST PALM BEACH FL 33401

Mailing Address

C/O ROBERT M. DONLON/ WALTON LANTAFF
PO BOX 2966
WEST PALM BEACH FL 33402-2966



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/08/1996	3a. Date of Last Report
4. FEI Number 58-0912963		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DONLON, ROBERT M
WALTON, LANTAFF, SCHROEDER & CARSON
1645 PALM BEACH LAKES BLVD SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBEIN, LARRY L	1.2 NAME	
STREET ADDRESS	2220 TECHCOURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK IL 60098	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, MARGARET	2.2 NAME	
STREET ADDRESS	2220 TECHCOURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK IL 60098	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBEIN, CAROL T	3.2 NAME	
STREET ADDRESS	2220 TECHCOURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK IL 60098	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, REX W	4.2 NAME	
STREET ADDRESS	2220 TECHCOURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSTOCK IL 60098	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE:

Larry L. Holbein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97 815-337-5560

Date Daytime Phone #

CR2E034 (9/96)