


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005242 (0) 1. Corporation Name LUSTER LEAF PRODUCTS, INC.					
Principal Place of Business C/O ROBERT M. DONLON/WALTON, LANTAFF 1845 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 33401		
2. Principal Place of Business 21 2220 Techcourt Suite, Apt. #, etc. 22 Woodstock, IL City & State 23 Zip 60098 Country USA		2a. Mailing Address 26 C/O Robert M. Donlon 222 Lakeview Avenue Suite, Apt. #, etc. 27 Suite 210 City & State 28 West Palm Beach, FL Zip 33401 Country FL		3. Date Incorporated or Qualified 10/08/1996 4. FEI Number 58-0912963 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DONLON, ROBERT M WALTON, LANTAFF, SCHROEDER & CARSON 1845 PALM BEACH LAKES BLVD SUITE 800 WEST PALM BEACH FL 33401			10. Name and Address of New Registered Agent 81 Name Robert M. Donlon, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Avenue 83 Suite 210 84 City West Palm Beach FL 85 Zip Code 33401		
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 Robert M. Donlon DATE 2/4/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 addition with an address.					
SIGNATURE: Larry L. Holbein			DATE: 4/22/98 815-337-5560		



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)