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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005710 1. Corporation Name

HOCHMAN & BAKER SECURITIES, INC.

FILED
Feb 01, 1999 8:00 am
Secretary of State
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Principal Plac	e of Business	Mailing Address			1 1201120 1112 (2112 21111 22111 22111			
425 HUEHL RD BLDG #21 NORTHBROOK IL 60062		425 HUEHL RD BLDG #21 NORTHBROOK IL 60062		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 11/01/1996			
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number	1	Applied Fo	er g
21		26		36-3506810		Not Applic	able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additiona	al 🛗	
22	_	27		5. Certificate of otalics beside		ee Required		
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution	Ad	ided to Fees	
Zip	Country	Zip		untry	8. This corporation owes the curre		_	1
24	25	29	30		Personal Property Tax.	Yes	s 🗷 No	
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New R	egisterea Agent		
ст	CORPORATION SYSTEM	*		Name				
	SOUTH PINE ISLAND ROAD			82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	NTATION FL 33324			J	An arribation termination	o kitali ja ktyleti (ja pagasa) o kitali kitali kitali (ja pagasa)	160 54 14 14 14 14 14 14 14 14 14 14 14 14 14	
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				84 City		85	Zip Code	
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Office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	authorized	d by the corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appointment	as registered	ęu
SIGNATURE	<u></u>						: : .	.
L	Signature, typed or printed name of registered ager			d Agent signature require	ADDITIONS/CHANGES TO OFF	DATE:	TOPS IN	 ĝ
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 Π	mc	ADDITIONS/CHANGES TO OFF	Ch:		dition
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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 attachment with an address, with all other like empowered.

SIGNATURE:

//N7/98 Date

Daytime Phone #