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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90124 014 ***150.00

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1. Corporation Name

AMJ CENTRAL STATION CORPORATION, INC.

			-				
Principal Plac	ce of Business	Mailing Address					
2101 S ARLING	GTON HTS	2101 S ARLINGTON HTS					
STE 100 STE 100 ARLINGTON HTS IL 60005 US US STE 100 ARLINGTON HTS. IL 60005 US		E			DO NOT WRITE IN THIS SPACE		
		J			3. Date Incorporated or Qualifed		
00						01/15/1997	
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied Fo	-
	Tace of Eddinoso	26				38-3325667 Not Applic	
Suite, Apt	# etc	Suite, Apt. #, etc.				\$8.75 Additiona	ai .
─ , • `	,	27				5. Certificate of Status Desired Fee Required	
City & Sta	te .	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coi	ıntry		8. This corporation owes the current year Intangible	
4	25	29	30	Ī		Personal Property Tax. Yes No	
<u></u>	9. Name and Address of Curren		1	П		10. Name and Address of New Registered Agent	
				81	Name		
	IS DOCUMENT SERVICES INC.					A Address (D.O. Bay Number in Not Assertable)	
395	3 W.W. KELLEY ROAD			82	Street.	t Address (P.O. Box Number is Not Acceptable)	
TAL	LAHASSEE FL 32311			83			
				84	City	FL 85 Zip Code	
office or agent. I :	am familiar with, and accept the obliga	tions of, Section 607.0505, F	onda Stat	utes.		poration's board of directors. I hereby accept the appointment as registered	.
12.	Signature, typed or printed name of registered agen		13.		t signature i	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	OFFICERS AND DIRECTORS PD DELETE		1.1 T			Change Ac	
	BRANNEN, JAMES S	LI VELLIE					!
AND A COURT A PUNISTON DETONITO POAR #400			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	ARLINGTON HEIGHTS IL 60005		4				
CITY-ST-ZIP	CD	DELETE	1.4 C	ITY-SI	I-ZIP	☐ Change ☐ Ac	dition
TILE	1 -						
NAME	DAVIS, RONALD I			2.2 NAME			
STREET ADDRESS 2101 SOUTH ARLINGTON HEIGHTS ROAD #100			2.3 STREET ADDRESS		5		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005		_	CITY-S	T- ZI P	☐ Change ☐ Ad	dition
TITLE	S HOWARD	☐ DELETE	3.1 T				Giuo,
NAME	SCHKLER, HOWARD	NITO DOAD	3.2 N			· ·	
STREET ADDRESS			3.3 S	TREET	ADDRESS	S	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005			CITY-S	T-ZIP	T □ Change ☑ Ac	Idition
TITLE)	⊠ DELETE	4.1 T			1 -	iu.com
NAME	JEDRAS, JAMIE E		4.21			Daniel S. Zittnan	
STREET ADDRESS	= 	HIS RUAD	4.3 S	TREET	r ADDRESS	1 21.01 .O. HITINGCON HOO. Mar, 1000	10
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005					1	
TITLE	1		4.4 0		T-ZIP	Arlington Hts., IL 60005	14141
NAME	AS	DELETE	5.1 T	ITLE	T-ZIP	Arlington Hts., IL 60005	dition
ATDECT 4000E0	AS ARNDT, JAMES P	☐ DELETE	5.1 T 5.2 N	ITLE IAME		Change A	dition
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STREET ADDRESS	AS ARNDT, JAMES P	DELETE STE 100	5.1 T 5.2 N 5.3 S 5.4 C	ITLE IAME TREET ITY-S1	T ADDRESS	Change A	- .
CITY-ST-ZIP	AS ARNDT, JAMES P 2101 S ARLINGTON HTS RD, S ARLINGTON HEIGHTS IL 60005	DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	ITLE IAME TREET ITY-SI	T ADDRESS	Change A	- .
CITY-ST-ZIP TITLE	AS ARNDT, JAMES P 2101 S ARLINGTON HTS RD, S ARLINGTON HEIGHTS IL 60005 D RUBIN, STEPHEN	DELETE O DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	ITLE IAME TREET ITY-SI ITLE IAME	T ADORESS T-ZIP	Change A	- .
	AS ARNDT, JAMES P 2101 S ARLINGTON HTS RD, S ARLINGTON HEIGHTS IL 60005 D RUBIN, STEPHEN	DELETE O DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	ITLE IAME TREET ITY-SI ITLE IAME	T ADDRESS	Change A	- .

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daylore Phone #