

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004203 (2)
1. Corporation Name
FRDK, INC.



Principal Place of Business 275 N. FIELD DR. LAKE FOREST IL 12206	Mailing Address 275 N. FIELD DR. LAKE FOREST IL 12206
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1997

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	4. FEI Number 13-3842940 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PDC
NAME	DUANE, J M	1.2 NAME	HOLINSKI, S. A.
STREET ADDRESS	275 N. FIELD DR.	1.3 STREET ADDRESS	1 FIRST CANADA PLACE
CITY-ST-ZIP	LAKE FOREST IL 12206	1.4 CITY-ST-ZIP	TORONTO, ONTARIO M5X 1G5
TITLE	VTD	2.1 TITLE	
NAME	HOLINSKI, S A	2.2 NAME	
STREET ADDRESS	275 N. FIELD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 12206	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	WILSON, J M	3.2 NAME	
STREET ADDRESS	275 N. FIELD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 12206	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	PAPARELLA, WILLIAM	4.2 NAME	
STREET ADDRESS	275 N. FIELD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 12206	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 attachment with an address.

SIGNATURE: [Signature]

CR2E034 (10/97)