


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

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Feb 05 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 # F97000006021 (6) 1. Corporation Name FERRARI CORPORATION					
Principal Place of Business 16668 STATE STREET SOUTH HOLLAND IL 60473			Mailing Address 16668 STATE STREET SOUTH HOLLAND IL 60473		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3881759	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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	
9. Name and Address of Current Registered Agent MADEWELL, JAMES 7233 RED OAK LOOP NEW PORT RICHEY FL 34654				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

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	PCD	1.1 TITLE	
NAME	FERRARI, RAYMOND W	1.2 NAME	
STREET ADDRESS	11602 GLENVIEW DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	FERRARI, RAYE A	2.2 NAME	
STREET ADDRESS	11602 GLENVIEW DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLAND PARK IL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	
NAME	FERRARI, STACY L	3.2 NAME	
STREET ADDRESS	10 CHARLES CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRETE IL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	FERRARI, MARK E	4.2 NAME	
STREET ADDRESS	10 CHARLES CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRETE IL	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: *Raye A. Ferrari* 1-30-98 708-3317323

CR2E034 (10/97)