

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 PM 4:14

DOCUMENT # J68994 (9)

1. Corporation Name

N. W. REALTY OF FLORIDA, INC.

Principal Place of Business

**240 E PLYMOUTH
VILLA PARK IL 60181**

Mailing Address

**240 E PLYMOUTH
VILLA PARK IL 60181**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 501 COLUMBINE LANE

Suite, Apt. #, etc.

22

City & State

23 WEST CHICAGO, IL

Zip

24 60185

Country

25 USA

2a. Mailing Address

26 501 COLUMBINE LANE

Suite, Apt. #, etc.

27

City & State

28 WEST CHICAGO, IL

Zip

29 60185

Country

30 USA

4. FEI Number

59-2802827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
2ND FLOOR
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	P
NAME	HANSON, CHARLES R., SR.
STREET ADDRESS	240 E PLYMOUTH
CITY-ST-ZIP	VILLA PARK IL
TITLE	ST
NAME	HANSON, MARIAN B
STREET ADDRESS	240 E PLYMOUTH ST
CITY-ST-ZIP	VILLA PARK IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	501 COLUMBINE LANE
1.4 CITY-ST-ZIP	WEST CHICAGO, IL 60185
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	501 COLUMBINE LANE
2.4 CITY-ST-ZIP	WEST CHICAGO, IL 60185
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: MARIAN B. HANSON *Marian B. Hanson* **4-9-95** **705-231-9075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number