

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # K35533

(4)

1. Corporation Name

GROSSINGER'S COVE CADILLAC, INC.

95 FEB -3 AM 9:13

Principal Place of Business

Mailing Address

C/O JOHN F FLANIGAN  
625 NORTH FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH FL 33401

C/O JOHN F FLANIGAN  
625 NORTH FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/30/1988                                                                                                     | 3a. Date of Last Report<br>02/11/1994 |
| 4. FEI Number<br>59-1812692                                                                                                                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLANIGAN, JOH F  
625 N FLAGLER DR 9TH FL  
9TH FLOOR  
W PALM BCH FL 33401

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GROSSINGER, IRWIN     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6900 N MCCORMICK BLVD | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LINCOLNWOOD IL        | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95

708-675-8300

Date

Telephone Number