

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L11047**

(2) 847-509-1706

1. Corporation Name  
**HESTER INTERNATIONAL, INC.**

707 Skokie Blvd.  
Suite 600  
Northbrook, IL 60062



Principal Place of Business

1101 HIDDEN COVE  
SALEM SC 29676

Mailing Address

1101 HIDDEN COVE  
SALEM SC 29676

707 Skokie Blvd  
Suite 600 Northbrook, IL 60062

2. Principal Place of Business

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

30. Country

3. Date Incorporated or Qualified  
**08/21/1989**

3a. Date of Last Report

**04/11/1995**

4. FEI Number  
**65-0148619**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributions

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

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HESTER, MARCUS  
6278 N. FEDERAL HIGHWAY  
SUITE 305  
FT. LAUDERDALE FL 33306**

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 Section 607.042 and 607.1508, Florida Statutes, I, the undersigned, do hereby certify that the information furnished herein is true and correct 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 am a duly appointed registered agent as registered agent. I am familiar with and accept the provisions of Section 607.042, Florida Statutes.

SIGNATURE

*MDC*

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>HESTER, MARCUS</b>	
STREET ADDRESS	<b>6278 N FEDERAL HWY #305</b>	
CITY, ST, ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not comply for the exemptions stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the majority or business authorized 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 additional sheet with an address.

SIGNATURE:

*MDC*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)