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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P04259** (8)

1. Corporation Name  
**LUBLINER AND HIMMEL CORP.**

Principal Place of Business Mailing Address  
**301 ROYAL POINCIANA PLAZA 301 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480 PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/05/1984** 3a. Date of Last Report **04/27/1994**

4. FEI Number **36-2435247** 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

2. Principal Place of Business 2a. Mailing Address  
21. **320 Royal Poinciana Pl** 26. **320 Royal Poinciana Plaza**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22. 27.  
23. **Palm Beach FL** 28. **Palm Beach FL**  
City & State City & State  
24. **33480** 25. **USA** 29. **33480** 30. **USA**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**HIMMEL, RICHARD**  
**301 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable) **320 Royal Poinciana Plaza**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>PD</b>                    |
| NAME            | <b>HIMMEL, RICHARD</b>       |
| STREET ADDRESS  | <b>1800 MERCHANDISE MART</b> |
| CITY - ST - ZIP | <b>CHICAGO IL</b>            |
| TITLE           | <b>VD</b>                    |
| NAME            | <b>HIMMEL, JOHN</b>          |
| STREET ADDRESS  | <b>1800 MERCHANDISE MART</b> |
| CITY - ST - ZIP | <b>CHICAGO IL</b>            |
| TITLE           | <b>SD</b>                    |
| NAME            | <b>HIMMEL, ELINOR</b>        |
| STREET ADDRESS  | <b>1800 MERCHANDISE MART</b> |
| CITY - ST - ZIP | <b>CHICAGO IL</b>            |
| TITLE           | <b>T</b>                     |
| NAME            | <b>PENZIK, PHYLLIS</b>       |
| STREET ADDRESS  | <b>1800 MERCHANDISE MART</b> |
| CITY - ST - ZIP | <b>CHICAGO IL</b>            |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: Phyllis Penzik **H/19/95** **312-527-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone) (Area #)  
**PHYLLIS PENZIK**