

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P04259 (8)**  
1. Corporation Name  
**LUBLINER AND HIMMEL CORP.**



Principal Place of Business: **320 ROYAL POINCIANA PL. PALM BEACH FL 33480 US**  
Mailing Address: **320 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 US**

3. Date Incorporated or Qualified: **12/05/1984**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **36-2435247**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HIMMEL, RICHARD  
320 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMEL, RICHARD	12 NAME	
STREET ADDRESS	1800 MERCHANDISE MART	13 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMEL, JOHN	22 NAME	
STREET ADDRESS	1800 MERCHANDISE MART	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	24 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMEL, ELINOR	32 NAME	
STREET ADDRESS	1800 MERCHANDISE MART	33 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	34 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENZIK, PHYLLIS	42 NAME	
STREET ADDRESS	1800 MERCHANDISE MART	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(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: *Lubliner Himmel Corp. / Phyllis Penzik* 4/19/96 312-527-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)