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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90037 048 ***150.00

US00115

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04259

1. Corporation Name
LUBLINER AND HIMMEL CORP.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1984

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

HIMMEL, RICHARD
320 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)

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIMMEL, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 1800 MERCHANDISE MART | 1.3 STREET ADDRESS | 350 W. Ontario St. - 2E |
| CITY-ST-ZIP | CHICAGO IL | 1.4 CITY-ST-ZIP | Chicago, IL 60610 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIMMEL, JOHN | 2.2 NAME | |
| STREET ADDRESS | 1800 MERCHANDISE MART | 2.3 STREET ADDRESS | 350 West Ontario St. - 2E |
| CITY-ST-ZIP | CHICAGO IL | 2.4 CITY-ST-ZIP | Chicago, IL 60610 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIMMEL, ELINOR | 3.2 NAME | |
| STREET ADDRESS | 1800 MERCHANDISE MART | 3.3 STREET ADDRESS | 350 West Ontario St. - 2E |
| CITY-ST-ZIP | CHICAGO IL | 3.4 CITY-ST-ZIP | Chicago, IL 60610 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENZIK, PHYLLIS | 4.2 NAME | |
| STREET ADDRESS | 1800 MERCHANDISE MART | 4.3 STREET ADDRESS | 350 West Ontario St. - 2E |
| CITY-ST-ZIP | CHICAGO IL | 4.4 CITY-ST-ZIP | Chicago, IL 60610 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Phyllis Penzik* **SIGNATURE** *Phyllis Penzik, Feb 2/2/99* **312-337-8300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)