## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

627

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED May 06 1997 8:00am Secretary of State

Principal Place of Business 600 HART ROAD BARRINGTON IL 60010 US  (2)  (2)  Mailing Address  DEPT 8109 280 LONG RIDGE RD. STAMFORD CT 08927-1600								
	•				3. Date Incorporated or Qualified 03/07/1985	3a. D	ate of Last R 14/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number	1 - 7	<del></del>	oplied For
21 Suite, Apt	L # Alc	26			36-3331142			ot Applicable
22		27			5. Certificate of Status Desired		,	Additional equired
City & Sta 23	ite	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
<i>Ζ</i> ιρ	Country	Zφ	Country		8. This corporation has liability fo		tax under s	
24	25 9. Name and Address of Curren	29]	30	····	Florida Statutes  10. Name and Address of New R	Yes		
CT	CORPORATION SYSTEM	v volumen Whetir	81	Name	(U. Halina alid Modiass of Mak L	-Aistalag	vAaur	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324								
				82 Street Address (P.O. Box Number is Not Acceptable)				
			63					
				84 City FL 85 Zip Code				
SIGNATURE	Signature hypercon printed name of registered app				corporation submits this statement for the oration's board of directors. I hereby accorporate the state of the squired when reinstaling?	DATE	JOHN THE WAY	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR	
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14. I do 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 of the repeiver or trusted 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 privile that my name.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

L. Hyde 424.97

203-367-404

Phone #