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Mar 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P07067

1. Corporation Name

GENERAL EMPLOYMENT ENTERPRISES, INC.



Principal Place of Business

**ONE TOWER LANE
SUITE 2100
OAKBROOK TERRACE IL 60181**

Mailing Address

**ONE TOWER LANE
SUITE 2100
OAKBROOK TERRACE IL 60181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1985

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

36-6097429

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	IMHOFF, HERBERT F.	1.2 NAME	
STREET ADDRESS	56 BRIARWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IMHOFF, HERBERT F. JR.	2.2 NAME	
STREET ADDRESS	2005 MUSTANG DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FROHNMAIER, NANCY C.	3.2 NAME	
STREET ADDRESS	736 ROWDE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSIDE IL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	YAUCH, KENT M	4.2 NAME	
STREET ADDRESS	675 HILLCREST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELMHURST IL	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARILYN L	5.2 NAME	
STREET ADDRESS	524 COTTONWOOD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOLINGBROOK IL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

Kent M Yauch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

630-954-0400

Daytime Phone #

CR2E034 (11/98)