03-01-1999 90038 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13090

1. Corporation Name

FRED S.	HICKEY CORPORATION										
Principal Place	e of Business	Mailing Address					# 10011000 10111000 11111 0011 11 (mi	il dåli åtätt åtast a	INICATED BY	IB)1 #1841 (80)	
9601 RIVER STREET 9601 RIVER STREET SCHILLER PARK IL 60176 SCHILLER PARK IL 60176							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							02/03/1987				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For	
21		26					36-2287065			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>				5. Certificate of Status Desired			Additional quired	
City & Stat	e	City & State	City & State				6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added t	o Fees	
Zip				ıntry				\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
24	25					Personal Property Tax.			X ĮNo		
	9. Name and Address of Curre	ent Registered Agent		81	Name		10. Name and Address of New R	egistered Age	ant	_	
MILI	ER ROLAND I			•	Name						
Miller, roland L. 3401 Gulfshore Blvd. North				82	Street	Addres	ss (P.O. Box Number is Not Accepta	ble)			
NAPLES FL 33940				83							
1979	EES / E 30340			63							
					City			FL	35 Zip (
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was	authorized	J by	the corpo	corpor oration	ation submits this statement for the 's board of directors. I hereby accep	t the appointm	nging its ent as re	gistered	
SIGNATURE			- 0				A coinstation)	DATÉ		\	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			Registered Agent signature require 13.		edanea w	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE				1.1 TITLE] Change	☐ Addition	
NAME	CARLIN, ROGER L.	1.2		1.2 NAME						-	
STREET ADDRESS	9601 RIVER STREET		1.3 \$	1.3 STREET ADDRESS							
CITY-ST-ZIP	SCHILLER PARK IL		1.4 CITY-ST-ZIP		r•ziP						
TITLE	VD	☐ OELETE	2.1 ∏			PD		5	Change	☐ Addition	
NAME	ARLIN, RICHARD H. 22N		AME		ļ '						
STREET ADDRESS	ANALISE ANNOUND OTREET		2.3 STREET ADDRESS		1				Ì		
CITY-ST-ZIP			2.40	ITY-S	T-ZIP						
TITLE	STD	☐ DELETE	3 1 TI	TLE] Change	☐ Addition	
NAME	CARLIN, SHIRLEY B.		3.2 N	AME							
STREET ADDRESS	9601 RIVER STREET		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	SCHILLER PARK IL		3.4. 0	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TI	TLE				L] Change	☐ Addition	
NAME			4.2 N	IAME		l				1	
STREET ADDRESS			4.3 \$	TREET	ADDRESS					Ì	
CITY-ST-ZIP				ITY-S	r-zip				1 Change		
TITLE		☐ DELETE	5.1 TI 5.2 N				, nl	L,] Change	☐ Addition	
NAME					ADDRESS	-	. '			ļ	
STREET ADDRESS				ITY-S							
CITY-ST-ZIP		☐ DELETE	6.1 Ti		1-41	-			Change	Addition	
TITLE		☐ NETCIE	6.2 N					_	,		
NAME					ADDRESS					}	
STREET VUUDDEGG			4.00			•				1	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS