

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P16104 (2)
1. Corporation Name
RAYMOND PROPERTIES, INC.



Principal Place of Business: **697 S BLACKHAWK BLVD ROCKTON IL 61072**
Mailing Address: **P.O. BOX 406 ROCKTON IL 61072 US**

3. Date Incorporated or Qualified: **09/24/1987** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **39-1590336** 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 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

**SOLLINGER, MICHAEL
PROPERTY ASSET MANAGEMENT
4919 MEMORIAL HIGHWAY SUITE 100
TAMPA FL 33634**

81 Name: **John E. McMillan**
82 Street Address (P.O. Box Number is Not Acceptable): **Levin and McMillan, Attorneys
9385 56th St., Suite 200**
83 City: **Temple Terrace** 84 State: **FL** 85 Zip Code: **33617**

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: *John E. McMillan*
Signature, typed or printed name of registered agent and title, if applicable

4-29-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TETZLAFF, RAYMOND L.	
STREET ADDRESS	697 S. BLACKHAWK BLVD.	
CITY-ST-ZIP	ROCKTON IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ERICH, JOHN A.	
STREET ADDRESS	111 EAST WISCONSIN AVE.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GULDEMOND, JOANNE	
STREET ADDRESS	697 S BLACKHAWK BLVD.	
CITY-ST-ZIP	ROCKTON IL 61072	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Joanne Guldemond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

815 624-2631
ext 20
Daytime Phone #

CP2E034 (12/95)