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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 21 1998 8:00am Secretary of State

	MENT # P16104 OND PROPERTIES, INC.	4 (2)		(118 118 112 1616 A) 14 14 14 14 14 14 14 1	āli Biāli Sibii ālai; ālāj; lādz
697 S BLACI	ce of Business KHAWK BLVD	Mailing Address P.O. BOX 406			
ROCKTON IL 61072		ROCKTON IL 61072 US		DO NOT WRITE IN THIS SPACE	
		00		3. Date Incorporated or Qualified	5 5PACE
				09/24/1987	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		39-1590336	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curren	29	30	Personal Property Tax due June 30.	Yes No
	HN E. MCMILLAN	ir Hadistelen Wägut	81 Name	10. Name and Address of New Registere	d Agent
	VIN AND MCMILLAN				
9385 56TH ST STE 200			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MPLE TERRACE FL 33617		83		
	,				
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607 1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was : ations of, Section 607. 0 505, Fl	authorized by the corporal orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	opointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS AN		t.: Registored Agent signature requi		ID DIDECTORS III (A
TETLE	PTD	DELETE	13. 11 INLE	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
NAME	TETZLAFF, RAYMOND L.		1.2 NAME		Change C Hodillon
STREET ADDRESS	697 S. BLACKHAWK BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKTON IL		1.4 City-ST-ZiP		i
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	ERICH, JOHN A.		2.2 NAME	.,	
STREET ADDRESS	111 EAST WISCONSIN AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	···	2. 4 CITY - ST - ZIP		
TITLE	QULDEMOND, JOANNE	☐ DELETE	3.1 TITLE		Change Addition
NAME	697 S BLACKHAWK BLVD.		3.2 NAME		ĺ
STREET ADDRESS	ROCKTON IL 61072		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HOOKTON IE 01072	DELETE	3.4. CITY-ST-ZIP		
NAME		[1] DETERE	4.1 TITLE		L. Change L. Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			ı		
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		ET OWN TO VICTORIAN
STREET ADDRESS			5.3 STRELT ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 THILE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	cerum that the information supplied we	th this filing done not avalify fo	or the exemption etalod in	Section 119 07/3)(i) Florida Statutes Liturther a	portific throat blood information

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 informatic indicated on this annual report or suppliemental 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.