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

DOCUMENT # P29713

(5)

BURTON, ADAMS, KEMP & KING, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3003 BUTTERFIELD RD 3003 BUTTERFIELD RD						
OAK BROOK IL 60 521 US		OAK BROOK IL 60521 US		DO NOT WRITE IN THIS SPACE		
		00			3. Date Incorporated or Qualified	
					06/07/1990	
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
1		26			56-0889601	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
2		27				Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
		28	1 0		Trust Fund Contribution	Added to Fees
Zìp "1	Country	Zφ	Country	1	8. This corporation owes or has paid the	
	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registers	о мданг
CT CORPORATION SYSTEM				Ivanie		
1200 S. PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				ļ		
			83			
			84	City		85 Zip Code
				'	rporation submits this statement for the purpose	L
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	SVPD	DELETE	1.1 TITLE		ABBITONOJOTIANALO TO OTTIOLITO	Change Addition
NAME	BAIDEN, DAWN L		12 NAME	١,	n/k/a Dawn Schwark	
STREET ADDRES	45 DOENDEN WAY			ADDRESS	t, k, a bank bollwark	
CITY-ST-ZIP	GREENVILLE SC 29615		1.4 CITY-5	1		
TITLE	DP	DELETE	2.1 TITLE			☐ Change ☐ Additi
NAME	LEONHARDT, THOMAS C.		2.2 NAME			
STREET ADDRES	AC DOCKIDANI MAV		2.3 STREET	LADDRESS		
CITY-ST-ZIP	GREENVILLE SC 29615		2 4 City-			
TITLE	AS	DELETE	3.1 TITLE	31-211		Change Additi
NAME	REED, JAN 6		3.2 NAME		Carrie L. Cozzi	,
STREET ADDRES	AAAA DI ETEDEIEI D. OD			T ADDRESS	Calle B. Conne	
CITY-ST-ZIP	OAK BROOK IL		3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE	J1 411		☐ Change ☐ Additi
NAME	1	<u> </u>	4.2 NAME			· · · · · · ·
STREET ADORES	20			T ADDRESS		
	»		4.4 CITY-1	1		
CITY-ST-ZIP Title		DELETE	5.1 TITLE	71 EH		Change Addition
MAME			5.2 NAME	1		• •
	26			T ADDRESS		
STREET ADORES	»			1		
CITY-ST-ZIP		DELETE	5.4 CITY - 5 6.1 TITLE) r - ZIP		Change Additi
TITLE		occur				
NAME			6.2 NAME	r annhron		
STREET ADDRES	^{\$}			TADDRESS		
CITY-ST-ZIP	Ī		6.4 CITY-S	ا ZIP اد		

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 chapted, or on an attachment with an address.