

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38528 (6)

1. Corporation Name
FLYNN EQUIPES, INC.



Principal Place of Business 676 NORTH MICHIGAN AVENUE. #4000 CHICAGO IL 60611	Mailing Address 676 NORTH MICHIGAN AVENUE. #4000 CHICAGO IL 60611
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 04/27/1992	
4. FEI Number 65-0348829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P FLYNN, DONALD F.
STREET ADDRESS	2898 DATE PALM ROAD
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE
NAME	V FLYNN, BEVERLY L.
STREET ADDRESS	2898 DATE PALM ROAD
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE
NAME	V FLYNN, KEVIN F.
STREET ADDRESS	2898 DATE PALM ROAD
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE
NAME	V FLYNN, BRIAN J.
STREET ADDRESS	2898 DATE PALM ROAD
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE
NAME	VT SKIBICKI, KEITH J.
STREET ADDRESS	511 N. GRANT
CITY-ST-ZIP	MINSDALE IL 60521
TITLE	<input type="checkbox"/> DELETE
NAME	S SPERANDEO, YVONNE Y.
STREET ADDRESS	202 N. JACKSON ST.
CITY-ST-ZIP	CLARENDON HILLS IL 60514

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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.

SIGNATURE *K. H. O. Sp. kabo* *KEITH J. SKIBICKI* *1/14/98* *(312) 299 2912*

CR2E034 (10/97)