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FILED  
Feb 06 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 # P94000003178 (8)

1. Corporation Name

5798 NORTH FEDERAL HIGHWAY CORPORATION

Principal Place of Business

8617 NILES CENTER  
SKOKIE IL 60077  
US

Mailing Address

8617 NILES CENTER  
SKOKIE IL 60077  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1994

4. FEI Number

36-3953937

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐

Yes

☐

No

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
25	30

9. Name and Address of Current Registered Agent

CARSON, DEAN  
6521 NW 39TH TERR  
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE	P	1.1 TITLE	
NAME	CARSON, DEAN	1.2 NAME	
STREET ADDRESS	6521 NW 39TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	CARSON, CHRIS	2.2 NAME	
STREET ADDRESS	8617 NILES CENTER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL 60077	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	GIANNIS, DONNA	3.2 NAME	
STREET ADDRESS	8617 NILES CENTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL 60077	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ROTI, SAMUEL	4.2 NAME	
STREET ADDRESS	8617 NILES CENTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL 60077	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my address.

SIGNATURE

*[Signature]*

CR2E034 (10/97)