

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 011 ***300.00

DOCUMENT # P94000003178

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 the current year Intangible
Personal Property Tax. ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, DEAN
6521 NW 39TH TERR
BOCA RATON FL 33496

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME CARSON, DEAN
STREET ADDRESS 6521 NW 39TH TERR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

V
NAME CARSON, CHRIS
STREET ADDRESS 8617 NILES CENTER ROAD
CITY-ST-ZIP SKOKIE IL 60077

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME GIANNIS, DONNA
STREET ADDRESS 8617 NILES CENTER ROAD
CITY-ST-ZIP SKOKIE IL 60077

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

T
NAME ROTI, SAMUEL
STREET ADDRESS 8617 NILES CENTER ROAD
CITY-ST-ZIP SKOKIE IL 60077

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)