

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003663 (8)

1. Corporation Name

TEMPO RESTAURANT INC.

Principal Place of Business

4474 N. HARLEM AVENUE
NORRIDGE IL 60656

Mailing Address

4474 N. HARLEM AVENUE
NORRIDGE IL 60656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/13/1995	3a. Date of Last Report 11/07/1996
4. FEI Number APPLIED FOR 36-4008463	Applied For 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	

2. Principal Place of Business	2b. 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

CT CORPORATION SYSTEM
1200 S. 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
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	D	1.1 TITLE	Director & President
NAME	COHEN, IRWIN	1.2 NAME	Terry Cohen
STREET ADDRESS	4474 N. HARLEM AVENUE	1.3 STREET ADDRESS	4474 N. Harlem Ave.
CITY-ST-ZIP	NORRIDGE IL 60656	1.4 CITY-ST-ZIP	Norridge, IL 60656
TITLE		2.1 TITLE	Director, V.P. & Secretary
NAME		2.2 NAME	Wayne Cohen
STREET ADDRESS		2.3 STREET ADDRESS	4474 N. Harlem Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Norridge, IL 60656
TITLE		3.1 TITLE	Director & Treasurer
NAME		3.2 NAME	Andee Kochavi
STREET ADDRESS		3.3 STREET ADDRESS	4474 N. Harlem Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Norridge, IL 60656
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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:

9/16/97

(708) 456-6500

CR2E034 (4/97)