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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029578 (8)

FINZER ROLLER, INC./DUREX DIVISION

FILED Apr 09 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address							
2520 MCJUNKIN BLVD LAKELAND FL 33803		3920 W. ARMITAGE AVE CHICAGO IL 60647-3406							
						3. Date Incorporated or Qualified 04/14/1995		of Last R	leport
2. Procipat P	lace of Business	2a. Mailing Add				4. FEI Number			oplied For
21			wls po	DAC		36-4019029			ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #	I, etc.			5. Certificate of Status Desired		,	Additional equired
City & Stati	(:	City & State 28 DES PL		ιL		Election Campaign Financing Trust Fund Contribution			May Be to Fees
 1Ζιρ	Country	Zip	Ī	Country		8. This corporation has liability for in	ntangible ta		
24	25	29 60018		<u>ں (</u>	<u> </u>		Yes 🗌		
	9. Name and Address of Curre	nt Registered Agent			1	10. Name and Address of New Res	istered Ag	jent	
	zer, martin b			81	Name				
258		82 Str		Street Add	ress (P.O. Box Number is Not Acceptab	le)			
LAK	ELAND FL 33805			83	 				
				63					
				84	City		FI.	85 Zip	Code
44 Direction (to the provisions of Sections 607.04	02 and 607 1608 Elec	iria Statuton	the show	e-named cor	noration submits this statement for the n		hanging i	ts renistered
office or r	registered agent, or both, in the Stat	e of Florida Such cha	nge was aut	horized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appoi	ntment as	registered
agent La	ini famil ar with, and accept the oblig	gations of, Section 607	7.0505, Florid	ia Statute	S.				
SIGNATURE	Signature Type Ler printed name of registered as	ient and tale if applicable	(NOTE D	onistered An	oni signati ira sagu	ired when reinstating)	DATE		
12.		ND DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TINE	P		ELETE	1.1 TITLE				Change	Addition
NAME	RYAN, THOMAS E III			1.2 NAME					
STREET ATORESE	3920 W. ARMITAGE		i	1.3 STREE	T ADDRESS				
CITY - 51 - Zer	CHICAGO IL 60647			1.4 CiTY-1	SY-ZIP				
HHLE	ST		DELETE	21 TITLE			Ī.,	Change	Addition
MAME	SULLIVAN, ROBERT E			22 NAME					
STREET ADDRESS	3920 W. ARMITAGE AVE.								
				2.3 STREE	T ADDRESS				
C In ST ZP	CHICAGO IL 60647			2. 4 CITY-					
C-1Y-ST-ZIP THUE	VP		DELETE	2.4 CITY- 3.1 TITLE		AND THE STREET, STREET		Change	Addition
THLE	VP FINZER, JOHN O III		DELETE	2. 4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP			_ Change	Addition
TABLE NAME STEEL ADORESS	VP FINZER, JOHN O III 3920 W. ARMITAGE AVE		DELETE	2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP		Ţ	_ Change	Addition
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i. I do hereby derity 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 off-cer or director of the supporation of 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 Conango A or that my name appears in Block 12 or Block 13 Conango A or that my name.

SIGNATURE:

ATURE AND TINES OR PHINT IN NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

847-390-620

A400771