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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18 1998 8:00am Secretary of State

DAYTO	ONA VENTURES INC.	•)) ((
Principal Place of Business		Mailing Address	•			
3175 COMMERCIAL AVE 222		3175 COMMERCIAL A 222	WE			
NORTHBROOK IL 60062			NORTHBROOK IL 60611		DO NOT WRITE IN THIS SPACE	
US		US	US		3. Date Incorporated or Qualified 11/13/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	1 - 1		36-4050361	Not Applicable
Suite, Apt. #, otc 22		Suite, Apt #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zıp	Country	2)p	Count	try	8. This corporation owes or has paid the cu	irrent year Intangible
24	25	29	30			Yes No
TU	9. Name and Address of Curr E PRENTICE-HALL CORPORAT	<u>-</u>	la	11 Name	10. Name and Address of New Registered	Agent
	01 HAYS STREET	1014 5131EM, 1110.	<u>[</u>			
SUITE 105			8	Street Add	ress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301			8	3		
			8	14 City		85 Zip Code
44.0				FL 85 Zip Code		
agent. La	registered agent, or both, in the Siz am familiar with, and accept the obl	ste of Florida. Such change w lightions of, Section 607.0505	as authorized , Florida Statut	by the corpora les.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typied or printed name of registered i	ngent and line if applicable (NOTE Registered A	Agent signature requi	ired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSD DELETE		1.1 7(TLE	E		☐ Change ☐ Addition
NAME LARRY A. SIEGEL 19355 TURNBERRY WAY, 14F		IAE	1.2 NAM	1		
STREET ADORESS	AMENITI IOA EI			ET ADORESS		
CITY-ST-ZIP	DELFTE		2.1 TITLE	-ST-ZIP		Change Addition
NAME			2 2 NAM	- 1		
STREET ADDRESS			2 3 STRE	EET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	r-St-ZIP		
TITLE	DFLETE		3.1 TITLE	E		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP	DELETE		3.4. CITY 4.1 TITLE	Y-ST-ZIP		☐ Change ☐ Addition
NAME			4.1 JIILE 4. 2 NAM			C onange C Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	OCLETE DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAM	IE		
STREET ADDRESS			5.3 \$TRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE	☐ DELETE		6 1 TITLE	1		Change Addition
NAME			62 NAM			
STREET ADDRESS				ET ADDRESS		
City-ST-ZIP	Certify that the information supplied	with this filme does not quali		-ST-ZIP	Section 119 07(3)(i) Florida Statutes I further of	ertify that the information

Interest certify that the information supplied with this riling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 trustice 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 attrictiment with an exidence.