

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S29959** (1)

1. Corporation Name
MIRANDO-J CORPORATION



Principal Place of Business: **7700 WEST MADISON POST OFFICE BOX 168 FOREST PARK IL 60130**
Mailing Address: **7700 WEST MADISON POST OFFICE BOX 168 FOREST PARK IL 60130**

3. Date Incorporated or Qualified: **02/05/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0241395**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Subc. Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Zip
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Zip

9. Name and Address of Current Registered Agent
**KLEIN, CHRISTIAN
967 CENTRAL PARKWAY
STUART FL 34996**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, JERRY	
STREET ADDRESS	7700 W. MADISON	
CITY - ST - ZIP	FOREST PARK IL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, DONALD E.	
STREET ADDRESS	2830 VINE ST.	
CITY - ST - ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GARY GAGERMAN	
13 STREET ADDRESS	2 W MADISON	
14 CITY - ST - ZIP	OAK PARK IL 60302	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LEONARD GRYN	
23 STREET ADDRESS	2 W MADISON	
24 CITY - ST - ZIP	OAK PARK IL 60302	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gary Gagerman* **GARY GAGERMAN** 1-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)