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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

RAINTREE ENTERPRISES OF FLORIDA, INC.

FILED					
Mar 27 1998 8:00am					
Secretary of State					



Principal Plac	e of Business	Mailing Address		L OODIN OLIUNIN OORIN TOOTO FANNI NOORI WILL OFANN ONORL GLOUN OHOIL OHOIL BIDIN ROOL		
1600 GOLF R		1600 GOLF ROAD				
SUITE 800				DO NOT HIDITE IN THE ODAGE		
ROLLING MEADOWS IL 60008-4223 ROLLING MEADOWS IL 60			. 60006-4223	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				01/17/1992		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21		26		NOT APPLICABLE Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional		
22 City 8 Ctol		City & State		Fee Hequired		
City & Stat	e	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible		
24	25	29	30	Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
	COS, ERNIE		81 Name			
	90 INTERNATIONAL DR		82 Street	Address (P.O. Box Number is Not Acceptable)		
Он	RLANDO FL 32819		83			
			84 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	utes, the above-named			
office or r	registered agent, or both, in the State of im familiar with, and accoul the obligat	of Florida. Such change was hors of Section 607 0505. F	s authorized by the corp Florida Statutes	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	and the second		TOTAL STATE OF			
	Signature, typed or printed name of registered agera		OTE Registered Agent signature			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME	CATALDO, ROBERT J.	☐ DELETE	1.1 TITLE 1.2 NAME	Change L Addition		
STREET ADDRESS	1600 GOLF ROAD, SUITE 800		1.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL		1.4 CHTY-ST-ZIP	·		
TITLE	D	☐ DELET <b>E</b>	2.1 TITLE	Change Addition		
NAME	GINGRICH, WILLIAM D., II		2.2 NAME			
STREET ADORESS	1600 GOLF ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP_	ROLLING MEADOWS IL		2.4 CITY-ST-ZIP			
TALE	D Gavzer, Charles A.	☐ DELETE	3.1 TITLE	Change Addition		
NAME	1600 GOLF ROAD		3.2 NAME			
STREET ADDRESS	ROLLING MEADOWS IL		3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	]		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELET <b>E</b>	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		The state of the s	5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME OTDEET ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. I hereby c	certify that the information supplied will	h this filing doesnot qualify	6.4 CITY-ST-ZIP for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
14. Thereby 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 decempent of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						
Block 12	Block 12 or Block 13 if changed of an address.					