

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3: 13

DOCUMENT # 361676 (0)
1. Corporation Name
OLIVER-HOFFMANN CORP OF DEERFIELD BEACH

Principal Place of Business 210 SOUTH BISCAYNE BLVD. % MCDERMOTT, WILL & EMERY MIAMI FL 33131-4336	Mailing Address 210 SOUTH BISCAYNE BLVD. % MCDERMOTT, WILL & EMERY MIAMI FL 33131-4336
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1970	3a. Date of Last Report 05/24/1994
4. FEI Number 35-2702994	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**SIFF, STEVEN E
MCDERMOTT, WILL & EMERY
201 SOUTH BISCAYNE BLVD
MIAMI FL 33131-4336**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HOFFMANN, CAMILLE O
STREET ADDRESS	7 S. 251 OLESEN LANE
CITY- ST- ZIP	NAPERVILLE IL
TITLE	V
NAME	KOPP, RAYMOND R
STREET ADDRESS	7S 251 OLESEN LANE
CITY- ST- ZIP	NAPERVILLE, IL 00000
TITLE	PD
NAME	HOFFMANN, PAUL W
STREET ADDRESS	7 S. 251 OLESEN LANE
CITY- ST- ZIP	NAPERVILLE IL
TITLE	VTD
NAME	SCHULZ, ROBERT W
STREET ADDRESS	7S 251 OLESEN LANE
CITY- ST- ZIP	NAPERVILLE, IL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 addition.

SIGNATURE: Robert W. Schulz **Robert W. Schulz** Vice President 1/19/94 (708) 357-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #