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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **851464** (8)

1. Corporation Name
THE BALSAMO/OLSON GROUP, INC.

Principal Place of Business: **1 S 376 SUMMIT AVENUE OAKBROOK TERRACE IL 60181**
Mailing Address: **1 S 376 SUMMIT AVENUE OAKBROOK TERRACE IL 60181**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/31/1981	04/26/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23 City & State		28 City & State		36-2911779	
24 Zip		29 Country		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
				7. This corporation has liability for intangible tax under Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

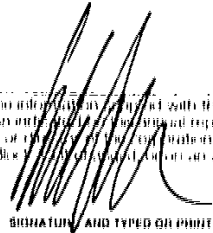
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MICHALAROS, TONY 6391-1 RIVERWALK LANE JUPITER FL 33458				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(9), 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 607.05(5), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSAMO, SALVATORE J.	2. NAME	
STREET ADDRESS	280 TRADEWINDS	3. STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL	4. CITY, ST, ZIP	
TITLE	VS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, ROBERT A.	6. NAME	
STREET ADDRESS	1 S 376 SUMMIT AVE.	7. STREET ADDRESS	
CITY, ST, ZIP	OAKBROOK TERRACE IL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is substantially true and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information furnished in this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator appointed to administer the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or supplemental report, or on an affidavit filed with an address.

SIGNATURE:  President April 4, 1995