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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED FOR FILING
90 FEB 17 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 851464
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

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

9. Name and Address of Current Registered Agent

MICHALAROS, TONY
6301-1 RIVERWALK LANE
JUPITER FL 33458

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature, only, need when re-registering)

2/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	BALSAMO, SALVATORE J.	
STREET ADDRESS	280 TRADEWINDS	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VS	[] DELETE
NAME	OLSON, ROBERT A.	
STREET ADDRESS	1 S 376 SUMMIT AVE.	
CITY-ST-ZIP	OAKBROOK TERRACE IL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		[] DELETE
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	300002784083-4
14 CITY-ST-ZIP	-02/23/99-01078-010
21 TITLE	***150.00 ***150.00
22 NAME	[] Change [] Addition
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby 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 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, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

2/15/99 630-629-9800
DATE PHONE #

CR2E034 (11/98)