

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F52246** (8)

1. Corporation Name
KOETZ & COMPANY, INC.



Principal Place of Business

445 W. ERIE STREET
CHICAGO IL 60610

Mailing Address

445 W. ERIE STREET
CHICAGO IL 60610

2. Principal Place of Business

21
Suite, Apt. #, etc.
22 #102
City & State
23
Zip Country
24

2a. Mailing Address

26
Suite, Apt. #, etc.
27 #102
City & State
28
Zip Country
29

9. Name and Address of Current Registered Agent

KOETZ, LEROY E
2401 EAST SCOTT STREET
PENSACOLA FL

3. Date Incorporated or Qualified 11/03/1981	3a. Date of Last Report 04/07/1995
4. FEI Number 59-2128110	Applied For 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 checked="" type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOETZ, LEROY J	
STREET ADDRESS	1660 WEDGEWOOD DRIVE	
CITY-STATE-ZIP	LAKE FOREST IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KOETZ, LYNETT S.	
STREET ADDRESS	1660 WEDGEWOOD DRIVE	
CITY-STATE-ZIP	LAKE FOREST IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOETZ, LYNETT S.	
STREET ADDRESS	1660 WEDGEWOOD DRIVE	
CITY-STATE-ZIP	LAKE FOREST IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME	
22. STREET ADDRESS	
23. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished. I am not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information called on to this annual report or supplement thereto 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 or power 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 addition with an "A" flag.

SIGNATURE: *Leroy J. Koetz* LEROY J. KOETZ

04 APR 96 (312) 42-5800

CR2E034 (12/95)