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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 US**

Mailing Address: **445 W. ERIE STREET CHICAGO IL 60610 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 SB**

2a. Mailing Address: **26 SB**

22. Suite, Apt. #, etc. **5B**

27. Suite, Apt. #, etc. **5B**

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

3. Date Incorporated or Qualified: **11/03/1981**

4. FEI Number: **59-2128110**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

KOETZ, LEROY E
2401 EAST SCOTT STREET
PENSACOLA FL

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 **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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD KOETZ, LEROY J**

STREET ADDRESS **1660 WEDGEWOOD DRIVE LAKE FOREST IL**

CITY-ST-ZIP

TITLE DELETE

NAME **VS KOETZ, LYNETT S.**

STREET ADDRESS **1660 WEDGEWOOD DRIVE LAKE FOREST IL**

CITY-ST-ZIP

TITLE DELETE

NAME **TD KOETZ, LYNETT S.**

STREET ADDRESS **1660 WEDGEWOOD DRIVE LAKE FOREST IL**

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: *Leroy E Koetz*

CR2E034 (10/97)