

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


FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90070 041 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F94000005434**

1. Corporation Name
18-CHAI CORP.

Principal Place of Business: 7303 N. CICERO AVENUE, LINCOLNWOOD IL 60646
 Mailing Address: 7303 N. CICERO AVENUE, LINCOLNWOOD IL 60646

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3428205	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, WILLIAM A	1.2 NAME	
STREET ADDRESS	7303 N. CICERO AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, MICHAEL J	2.2 NAME	
STREET ADDRESS	7303 N. CICERO AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	2.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, RONALD F	3.2 NAME	
STREET ADDRESS	7303 N. CICERO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, LAWRENCE M	4.2 NAME	
STREET ADDRESS	77 W. WASHINGTON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60602	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RANDOLPH F	5.2 NAME	
STREET ADDRESS	7303 N. CICERO AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60646	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, SAMUEL F	6.2 NAME	
STREET ADDRESS	1980 SPRINGER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL 60148	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, upon an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/29/99** DAYTIME PHONE #: **(847) 676-4300**

CR2E034 (11/98)