SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

F95000000605 (4)

CAFE C	HEVAL, INC.				
Principal Place	of Business	Mailing Address			I 40111 4011 PQ/IF QIIII 04101 (111 100)
ONE WESTMINSTER PLACE ONE WE		JENNER & BLOCK. C/O ONE WESTMINSTER PLA			
		LAKE FOREST IL 60045	or.	3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 36-3992615	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	7 p	Country	This corporation has hability for in Florida Statutes	
	9. Name and Address of Current		Tao1 1	10. Name and Address of New Reg	
001			81 Name	W. THOUSE OF MATERIAL SECURIOR SPRINGERS AND MATERIAL SPRINGERS OF THE SECURIOR SPRINGERS OF THE	,
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82 Street Add	ddress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301			83		
			84 City		FL 85 Zip Code
office or re	o the provisions of Sections 607-0502 gistered agent, or both, in the State on Infamiliar with, and accept the obliga	of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE					
	Signature, typical or printed manace of experience target		E. Hilig sterca Agent signature requ		DATE
12.	PSTC OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	MIDDLETÓN, ELAINE		1.2 NAME		Change Reduction
STREET ADDRESS C/O N. FINITZIO, ONE WESTMINSTE		ANOTED DI ACE	13 STREET ADDRESS		
CITY - ST - ZIP	LAKE FOREST IL 60045	MINDIEN FLAGE	1.4 CITY - ST-ZIP		
THE	CHILL I ONEOT IL 00043	DELETE	2 1 TI*LE		Change Addition
NAME		L	2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-S1-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME.		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 City-St-ZIP		
TITLE		DELETE	4 1 TITLÉ		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	SI TOTLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP	AND THE STATE OF T	T scere	54 CITY-ST ZIF		
TITLE		DELETE	6 1 1171.8		Change Addition .
NAME			6 2 NAME		
STREE1 ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP		Lines the or files or to continue to 2	6 4 CITY - ST ZIP	old, for the execution state of a Contract	10 07/2VIV Florids Crop to 1
ia. Too nereb	y certify that the information supplied the that the information indicated on	r war tri s hing is voluntarly fu this applied toport or suppleme	rnistied and does not qua ental appual report is true	alify for the exemption stated in Section 1, and accurate and that my signature shall	i bayo the segre local effect so if

retiner certify in a the information indicated on this annual report of supplemental annual report is true and accurate and that my significant the same legal effect as if made under oath, that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Flor da Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

8/2/96 705/380-6682