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

PROFIT
CORPORATION •
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1997 8:00am Secretary of State

1997
DOCUMENT # P04453

(7)

DAN HOWARD INDUSTRIES, INC.

Principal Place of Business		Mailing Address				r noember hyr donn broth bybat årnor fint binkt didt blek blek bien binkt didt fordi			
4245 N KNOX CHICAGO IL 60641 US		4245 N KNOX CHICAGO IL 60641 US	CHICAGO IL 60641-1997						
						3. Date incorporated or Qualifier 12/21/1984		te of Las 4/1996	Report
2. Principal Piace of Business		2a. Mailing Addre	ss			4. FEI Number			Applied For
21		26				36-2358535 Not Applicable			
Suite, Apt. #, etc.		h	Suite, Apt. #, etc			5. Certificate of Status Desired		,	5 Additional
22		27							Required
City & Stai	te .	City & State				6. Election Campaign Financing			00 May Be
<b>23</b> Zip	Country	<b>28</b>	<u>-</u>	Country		Trust Fund Contribution			ed to Fees
—n	<u> </u>		-			8. This corporation has liability for	or intangible t		rs. 199.032,
24	25 9. Name and Address of Cur	[29]	[3	30		Florida Statutes  10. Name and Address of New 9		_	
		Tont Hogistorea Agent		81	Name	10, round and reduced of figure	in Allerate to	Bour	
	INE HARRINGTON								
	S UNIVERSITY DR			82	Street Add	dress (P.O. Box Number is Not Accep	table)		
	91 POWERLINE RD			83			<del> </del>		
BOC	CA RATON FL 33433								
				84	City		<u></u>	85 Z	ip Code
44 5			<u> </u>			poration submits this statement for the	FL	جلب	
agent La SIGNATURE	am fan bar with, and accept the or Sgratae byed o perted issee of regisse.					ation's board of directors. I hereby acc	DATE	<del></del>	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
IHLE	T	☐ DEL	ETE	1.1 TITLE				Chang	ge 🔲 Additio
NAME	MASCHERI, SAM			1.2 NAME					
STREET ACORESS	4245 N KNOX			1.3 STREET	ADDRESS				
CHY SE 2#	CHICAGO IL			1.4 CITY - S	- ZIP				
TITLE	SD	☐ DEL	ETE	2.1 TITLE				Chang	ge 🔲 Additio
NAME	KIRSCH, DANIEL			2.2 NAME					
STREET AD DRESS	4245 N KNOX			2.3 STREET	ADDRESS				
CITY ST ZIP	CHICAGO IL			2. 4 CITY - S	T - ZIP				
TOLE	V	DEI	ETE	3.1 TITLE				Chang	ge 🔲 Additio
NAME	JAMES R KIRSCH			3.2 NAME					
STEEFT AT JIRESS	4245 N KNOX			3.3 STREET	ADDRESS				
Offy-ST-ZIP	CHICAGO IL			3.4. CITY- S	T-ZIP				
THLE	V	☐ DEL	ETE	4.1 TITLE				Chang	ge 🔲 Additio
NAME:	KIRSH, WILLIAM			4. 2 NAME					
STREET AL URESS	4245 N. KNOX AVE.			4.3 STREET	ADDRESS				
CITY-ST ZIP	CHICAGO IL 60641			4.4 CITY - S	- ZIP				
TITLE		☐ D£I	ETE	5.1 TITLE				☐ Chang	ge 🖊 🗆 Additio
HAM				5.2 NAME			1	<b>/</b>	1/20
STREET AL UNESS				5.3 STREET	ADDRESS			ノ	1119
CITY - ST- ZIP				5.4 CITY - S	- ZIP				' '
TITLE		DEI.	ETE	6.1 TITLE				Chang	ge Additi
NAME				6 2 NAME		9000020` -01/30/9701	ಗವವನ	ಕ್ಷಚ	
STREET ACCURESS				6 3 STREET	ADDRESS	-01/30/9701	U <b>28U</b> 3	3	
COTY- ST- ZIP				6.4 CITY-S	-ZIP	***185.00			
	by certily that the information sup-	olied with this filing does n	ot qualify			ed in Section 119.07(3)(i), Florida State	ites. I further	certify th	nat the

14. Ido hareby certly 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 are an officer or director of the comporation 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 it changed by on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/2 2(3676)
Daytime Priorie #