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FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P04453

1. Corporation Name

DAN HOWARD INDUSTRIES, INC.

Principal Place of Business

Mailing Address

4245 NORTH KNOX AVENUE
CHICAGO, ILLINOIS 60641
USA

4245 NORTH KNOX AVENUE
CHICAGO, ILLINOIS 60641
USA

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/21/1984

05/96

4. FEI Number

Applied For

36-2358535

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

ELAINE HARRINGTON
801 S. UNIVERSITY DRIVE
22191 POWERLINE ROAD
BOCA RATON, FLORIDA 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *x* *San Mortham*

(NOTE: Registered Agent signature required when reinstating)

DATE

x 5/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	MASCHERI, SAM	
STREET ADDRESS	4245 NORTH KNOX AVENUE	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60641	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	KIRSCH, DANIEL	
STREET ADDRESS	4245 NORTH KNOX AVENUE	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60641	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KIRSCH, JAMES	
STREET ADDRESS	4245 NORTH KNOX AVENUE	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60641	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KIRSCH, WILLIAM	
STREET ADDRESS	4245 NORTH KNOX AVENUE	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60641	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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** 165.00

14. I declare by certifying 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: *x* *San Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 5/1/97
Date

x 312 263 6700
Daytime Phone #

CR2E034 (9/96)