PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 12/01/86

RETURN TO:
Corporation Department
Secretary of State
Springfield, IL 62756
Telephone (217) 782-2808

FILED
DEC 01 1986
Secretary of State
Corporation Department

STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO.
D 5225-928-2

YEAR OF 1986

86593598

016

1.) CORPORATE NAME
REGISTERED AGENT
REGISTERED OFFICE
CITY, IL. ZIP CODE

ORIGINAL GREEK SPECIALTIES, INC.
% NORMAN H LESSER
33 N LA SALLE ST STE 2600
CHICAGO, IL. 60602-0000

120684

3 3 3 I 4 0 I 5

2.) AGENT/OFFICE **CHANGES ONLY** (see 11h)

ORIGINAL GREEK SPECIALTIE
Corporation Name
NORMAN H. LESSER
Registered Agent
123 W. MADISON ST., #1600
Registered Office Street Address
CHICAGO, COOK 60602
City, County, IL Zip Code

3.) Date Incorporated 12/30/1980
Give complete address of principal office if other than above:

Federal Employer Identification Number (FEIN)

4.) The names and addresses of the officers and directors are: *(If officers are directors, so state.)*

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
ANDRE PAPANTONIOU	President	636 WEST ROOT STREET,	CHICAGO,	ILLINOIS	60609
KOSTAS PAPANTONIOU	Secretary	636 WEST ROOT STREET,	CHICAGO,	ILLINOIS	60609
	Treasurer				
ANDRE PAPANTONIOU	Director	636 WEST ROOT STREET,	CHICAGO,	ILLINOIS	60609
KOSTAS PAPANTONIOU	Director	636 WEST ROOT STREET,	CHICAGO,	ILLINOIS	60609
	Director				

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5.) The type of business actually conducted in Illinois is:

6.) Number of shares authorized and issued *(as of* 09/30/86 *)*

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
PAR STOCK	None	$1.00	100,000	1,000

7a.) The amount of paid-in capital as of 09/30/86 is:

*PAID-IN CAPITAL $ 1,000

*"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

7b.) The Paid-in Capital as of 09/30/86 on record with the Secretary of State is:

TOTAL $ 1 000

(The figure in Item 7b may not be altered.)

ITEM 8 MUST BE SIGNED

8.) By _____ President 11/6/86
(Any Authorized Officer's Signature) (Title) (Date)
(Pres. or V. Pres. required if changes listed in 2)

Attest _____ Secretary 11/6/86
(Secretary's or Asst. Secretary's Signature) (Title) (Date)
required only if changes listed in 2)

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete

DEPT-01 RECORDING $11.25
T#0333 TRAN 7491 12/11/86 15:32:00
#7500 # A *-86-593598
COOK COUNTY RECORDER

86593598

MAIL TO:

CHICAGO, ILLINOIS 60602