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PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 06/01/86

**RETURN TO:** 

Corporation Department Secretary of State Springfield, IL. 62758 Telephone (217) 7827

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT CORPORATION FILE NO. D 5386-978-5

1986 YEAR OF

1.) MRY 22 1986

CORPORATE NAME tate
REGISTERED OF CHEST IMENT
OUTPUT THE CODE

MASTERCRAFT AUTO REBUILDING, INC.

% ALFRED L LEVINSON

157 N BROCKWAY

60067-0000 PALATINE, IL.

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

MASTERCRAFT AUTO REBUILDI

060485

ALFRED L. LEVINSON

Registered Agent

1550 N. Northwest Highway - #308 Registered Office · Street Address

Park Ridge, Illinois 60068 (Cook) City, County, IL Zip Code

Federal Employer Identification Number (FEIN)

3.) Date Incorporated 06/04/1985

Give complete address of principal office, it other than above:

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

NAME	OFFICE	NUMBER 2 STREET	CITY	STATE	ZĮP
STEWART WEITZMAN	President	1406 Bayside Drive	. Wheeling.	Illinois 60090	+ , 0,
STUART ARNOLD		424 Glendele Road,			
ROBERT ARNOLD		124 Glendale Road,			
STEWART WEITZMAN		1406 Bayside Drive			
STUARI ARNOLD	Director	424 Glendale Road	Glenview,	Illinois 60025	
ROBERT ARNOLD	Director	424 Glendale Road,	(lenview,	Illinois 60025	

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

6.) Number of shares authorized and issued (as of 03/31/86)

**PAR VALUE CLASS** SERIES

NUMBER AUTHORIZED

NUMBER ISSUED

COMMON

None

No Par Value

10,000

1,000

7a.) The amount of paid-in capital as of

03/31/86

7b.) The Paid-in Capital as of 03/31/86

on record with the Secretary of State is:

\*PAID-IN CAPITAL \$ .

is: 1,000.00

TOTAL \$ \_

"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings. (The figure in Item 7b may not be altered.)

**MUST BE SIGNED** 

8.) By

Any Authorized Office Signaturel President 5//86

(Title)

Secretary 5//86

Under the penalty of perfury 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.

eciulary's or ass't Jucretary's Signature required only if charges listed in 2)

(Title)

(Date)

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9 JUN 86 11: 30

County Clark's Office

11.00 €