## **UNOFFICIAL COPY**

4.) The names and addresses of the officers and cirectors are: (If officers are directors, so state.)  NAME  OFFICE   NUMBER & STREET   CITY   STATE   ZIP		•	. 8 6	53201	4 0
Corporation Deposition 1986  DOMESTIC CORPORATION.ANNUAL REPORT  YEAR OF 1986  Secretary of Secretary 1986  Secretary of Secretary 1986  Secretary of Secretary 1986  Secretary of Secretary 1986  Secretary 1	PLEASE TYPE OR PRINT CLE	AREY IN BLACK INK	INK FILING DEADLINE IS: PRIOR TO 07/01/86		
Stoke  St	Corporation Department Secretary of State	1085 DOMESTI	C CORPORATION ANNU	IAL REPORT	FILE NO.
REGISTERED AGENT REGISTERED OFFICE CITY, IL, ZIP CODE  2.) AGENT/OFFICE CHANGES ONLY (see 11h)  GOLF-MILL THEATRE, INC. Corporation Name Paul Homer  Registered Office.  1	Telephone (217) 782-7808	e State	YEAR OF 198	6	86320140
3.) Date Incorporated 07/24/4/960  Give complete address of principal office. If other than above:    1	REGISTERED AGENT REGISTERED OFFICE	GOLF-MILL % PAUL HO 208 S LA CHICAGO,	THEATRE, INC. MER SALLE ST ROOM 11 IL. 60604-0000	30	016
3.) Date Incorporated 07/29/1.960  Give complete address of principal office. Tother than above:    Segistered Agent   30 North LaSalle St.   Registered Office: Street Address Chicago, II 60602   City, County, II. Zip Code	CITY, IL, ZIP CODE		2	.) AGENT/OFFICE	CHANGES ONLY (see 11h)
Date   Incorporated   Give complete address of principal office   Giber than above:     30   North LaSalle   St.   Registered office   Stock   Address   Chicago   Il   60602   Cook   City   County, IL   Zip Code			2 8 4	C	orporation Name
Pederal Employer, Identifying Number  Federal Employer, Identifying Number  Cliv, County, IL. Zip Code  Cliv,	3.) Date incorporated	6/_			· · · · · · ·
Pederal Employer Identification Number  (FEIN) * 362468136  4.) The names and addresses of the officers and cirectors are: (If officers are directors, so state.)  NAME  OFFICE   NUMBER & STREET   CITY   STATE   ZIP    Orton Fink   (Dir)   President   707   Skr.kie   Blvd.   Northbrook, II   60062    Oyce Freed   (Dir)   Secretary   304   East Raix   Road,   Arlington   Hgts, II   60004    Oyce Freed   Treasurer   same   Part   State	Give complete address of princi	ipal office if other than abor	<b>YO</b> :	30 North	LaSalle St.
Federal Employer, Identification, Number (FEIN) * 362468136  4.) The names and addresses of the officers and directors are: (If officers are directors, so state.)  NAME OFFICE   NUMBER & STREET   CITY   STATE   ZIP    Orton Fink   (Dir)   President   707 Skokkie Blvd.   Northbrook, II   60062    Ocyce Freed   (Dir)   Secretary   304 East Rain Road,   Arlington Hgts, II   60004    Ocyce Freed   Treasurer   Same   President   707 Skokkie Blvd.   Northbrook, III    Olirector   Director   707 Skokkie Blvd.   Northbrook, III    Director   Director   Director    Director   Director   Director    State   SERIES   PAR VALUE   NUMBER AUTHORIZED   NUMBER ISSUED    PAR STOCK / Common   \$10   100,000   1,080    Total \$ 10,800   Total \$ 10,800    "Paid-in Capital" replaces the terms   Stated Capital and Paid-in Surplus.    (The figure in Item 7b may not be altered.)		Ujr		Registere	d Office · Street Address
4.) The names and addresses of the officers and directors are: (It officers are directors, so state.)  NAME  OFFICE  NUMBER & STREET  CITY  STATE  ZIP  Orton Fink  (Dir)  President  707 Skokie Blvd. Northbrook, II 60062  Oyce Freed  Oyce Freed  Oyce Freed  Treasurer  Same  erry Fink  Director  Director  Director  Director  PAR STOCK/Common  S10  TOTAL  10 800  TOTAL  TOTAL  The amount of paid-in Capital and Paid-in Surplus.  (The tigure in Item 7b may not be altered.)	Federal Employer, Identification (	Number		r	
NAME OFFICE   NUMBER & STREET   CITY   STATE   ZIP   Forton Fink   (Dir)   President   707 Skokie Blvd.   Northbrook, II   60062   Foyce Freed   (Dir)   Secretary   304 East Revit Road,   Arlington Hgts, II   60004   Foyce Freed   Treasurer   Same   Road,   Arlington Hgts, II   60004   Foyce Freed   Treasurer   Same   Road,   Arlington Hgts, II   60004   Foreign   Fink   Director   707 Skokie Blvd.   Northbrook, III   Director   Director   Director    5.) The type of business actually conducted in Illinois is: 6.) Number of shares authorized and Issued (as of 4/30/86)   FOREIGN   SERIES   PAR VALUE   NUMBER AUTHORIZED   NUMBER ISSUED   FOREIGN   PAR STOCK / Common   S10   100.000   1,080    7a.) The amount of paid-in capital as of   04/30/86   Is:   On record with the Secretary of State Is:   PAID-IN CAPITAL \$   10,800   TOTAL \$   10,800    "Paid-in Capital" replaces the terms   Stated Capital and Paid-in Surplus.    (The figure in Item 7b may not be altered.)	(FEIN) * 302468136		0_	5.1,,	odomy, it wip door
borton Fink (Dir) President 707 Skekie Blvd. Northbrook, II 60062  oyce Freed (Dir) Secretary 304 East Rand Road, Arlington Hgts, II 60004  oyce Freed Treasurer same  erry Fink Director 707 Skokie Blvd. Northbrook, III inois 60062  Director Director Director  Director Director States authorized and Issued (as of 04/30/86)  CLASS SERIES PARVALUE NUMBER AUTHORIZED NUMBER ISSUED  PAR STOCK /Common \$10 100,000 1,080  7a.) The amount of paid-in capital as of 04/30/86 is: on record with the Secretary of State is: 'PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10,800 (The figure in Item 7b may not be altered.)	4.) The names and addre	esses of the office	rs and directors are: (If o	officers are directors	s, so state.)
Ovce Freed (Dir) Secretary 304 East Raid Road, Arlington Hgts, II 60004 Ovce Freed (Dir) Secretary Same erry Fink Director 707 Skokie Blvd. Northbrook, III nois 60062  Director Director Director Number of shares authorized and Issued (as of 04/30/86) CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED PAR STOCK/Common S10 100,000 1,080  7a.) The amount of paid-in capital as of 04/30/86 is: On record with the Secretary of State is: PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10,800 (The figure in Item 7b may not be altered.)	NAME	OFFICE	NUMBER & STREET	CITY	STATE ZIP
Treasurer Same  erry Fink  Director 707 Skokie BIvd. Northbrook, Illinois 60062  Director Director  Director Director  The type of business actually conducted in Illinois is: 6.) Number of shares authorized and issued (as of 04/30/86)  CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED  PAR STOCK /Common — \$10 100.000 1,080  7a.) The amount of paid-in capital as of 04/30/86 7b.) The Paid-in Capital as of 04/30/86 is:  PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10,800  "Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus.  (The figure in Item 7b may not be altered.)			707 Skukie Blvd.	Northbrook,	II 60062
PAR STOCK /Common \$10 100.000 1,080  To record with the Secretary of State is:  'PAID-IN CAPITAL \$ 10,800  "Paid-in Capital and Paid-in Surplus."  Director Director Director  Director Director  Director Director  NONThbrook, IIIinois 60062  NUMBER ISSUED  NUMBER AUTHORIZED  NUMBER ISSUED  NUMBER				, Arlington Hg	ts, Il 60004
Director  5.) The type of business actually conducted in Illinois is: 6.) Number of shares authorized and Issued (as of 04/30/86)  CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED  PAR STOCK / Common — \$10 100.000 1.080  7a.) The amount of paid-in capital as of 04/30/86 is: on record with the Secretary of State is:  PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10 800  "Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. (The figure in Item 7b may not be altered.)	_ <del>_</del>	Treasurer			<u>Q</u>
5.) The type of business actually conducted in Illinois is: 6.) Number of shares authorized and issued (as of 04/30/86) CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED  PAR STOCK/Common \$10 100,000 1,080  7a.) The amount of paid-in capital as of 04/30/86 is: on record with the Secretary of State is:  'PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10 800  '"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus.  (The figure in Item 7b may not be altered.)	erry runk	Director	707 Skokie Bive.	Northbrook,	Illinois 60062
5.) The type of business actually conducted in Illinois is: 6.) Number of shares authorized and Issued (as of 04/30/86)  CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED  PAR STOCK/Common ——————————————————————————————————			<i>y</i>		
6.) Number of shares authorized and Issued (as of 04/30/86)  CLASS SERIES PAR VALUE NUMBER AUTHORIZED NUMBER ISSUED  PAR STOCK / Common \$10 100,000 1,080  7a.) The amount of paid-in capital as of 04/30/86 7b.) The Paid-in Capital as of 04/30,86 is: on record with the Secretary of State is:  PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10 800  "Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. (The figure In Item 7b may not be altered.)				<u>( )</u>	<u>`</u>
7a.) The amount of paid-in capital as of 04/30/86 7b.) The Paid-in Capital as of 04/30/86 is:  PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10 800 TOTAL \$ 10 800 Total and Paid-in Surplus.	6.) Number of shares au	thorized and Issue	d (as of <sub>04/30/86</sub> )	ER ALITHOWIZER	NHADED ISSUED.
7a.) The amount of paid-in capital as of 04/30/86 7b.) The Paid-in Capital as of 04/30,86 is: on record with the Secretary of State is:  *PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10 800 (The figure in Item 7b may not be altered.)		····			
is: on record with the Secretary of State is:  *PAID-IN CAPITAL \$ 10,800  *"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus.  (The figure in Item 7b may not be altered.)	- The Office of Common	- 71	<u> </u>	1007000	1,080
is: on record with the Secretary of State is:  *PAID-IN CAPITAL \$ 10,800  *"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus.  (The figure in Item 7b may not be altered.)					
is: on record with the Secretary of State is:  *PAID-IN CAPITAL \$ 10,800  *"Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus.  (The figure in Item 7b may not be altered.)					
*PAID-IN CAPITAL \$ 10,800 TOTAL \$ 10 800 (The figure in Item 7b may not be altered.) Stated Capital and Paid-in Surplus.	7a.) The amount of paid-	' '			04/30,86 tary of State is:
"Paid-in Capital" replaces the terms (The figure in Item 7b may not be altered.) Stated Capital and Paid-in Surplus.	*PAID-IN CAPITAL S	10,800			
Stated Capital and Paid-in Surplus.	•	places the terms			
			(THE	ngare in item (D) M	y not be altered.)
					d-n-t
	San San Barrell				1 (1)

## ITEM 8 MUST BE SIGNED BOX 416 PRESIDENT

8.) By

Attest

(Any Aulho

red Officer's Signature) Pres, required if charges listed in 2)

(Secretary's or asy 1. Secretary's Signature required only if changes listed in 2)

(Date)

(Title) (Date) 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.

## **UNOFFICIAL COPY**





Property of County Clerk's Office СООК СОПИДА ВЕСОВОЕВ **の行すのごを―98─\* け# 210**神 00 05: 31 38/85/TO TEST WART 5555#T 00 115