PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 05/01/89

RETURN TO:

Corporation Department Secretary of State Springfield, IL. 62756 Telephone (217) 782-7808

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. D 5466-800-7

YEAR OF 1989

1.) 2 CORPORATE NAME	TRA J F	INGTON ST	NC. SUITE 1248 2-3006	051987	?	COOK	
CITY, IL, ZIP CODE			2.) AG	ENT/OFFICE	CHANGE	S ONLY (se	ee 11hi
96		73 T T		DONAT'S			20,
70	•	FIL	עפ		orporation (
3.) Date Incorporated 05/19/	1987	- ,		Ira J. F			
Give complete address of principal offic	e. I wher than abo	ve:	4000		Registered A	-	
ciro compisto accioco oi principar onte	717	MAY 2	1989	30 N. La	<u>Salle</u>	St. (#2	<u>2626)</u> ∧
			- • •	-		lieel Address	X
Foderal Continue Identification Number		JIM ED	gar	Chicago,			1602 0
Federal Employer Identification Number (FEIN) * 363561523		ecretary '	of State	City,	County, IL	Zip Code	/ (2
	-4.1141)						9,33
4.) The names and addresses			*		•	re.)	7 (W
NAME	OFFICE			CITY	STATE	ZIP	~~ ~
Cecilia Donat	President	6968 Ves	t Diversey	. Chicago,	IL 6	0635	~ 3
	Secretary		0,	* +1			<u></u>
Cecilia Donat	Treasurer	Same	40		•		
Cecilia Donat	Director	Same					
David Donat	Director	Same					
	Director			·			
5) The type of husiness actua	ally conducts	d in Minois i	P. 3 3 5				
5.) The type of business actual 6.) Number of shares authoriz	any conducte	d (25.05 - 5	y the Busin	less Corpoi	ration	Act of	IIIIno
CLASS SERIES		AVENE	0/0/				
			NUMBER AL			NUMBER	·
OMMON		10.00000		50000		100	<u>.000</u>
	· 	·····			<u> </u>		
					///		
			,				
7a.) The amount of paid-in ca	pital as of ls:	02/28/89	7b.) The Paid- on record	in Capital as of with the Secr	02/2 etary of	3/89 State is:	•
PAID-IN CAPITAL \$ 1	,000.00		TOTAL	\$		1 000	
"Pald-in Capital" replace				re in Item 7b m	av not h	e altered)	 ,
Stated Capital and Paid-i It does not include Retain	n Surplus.		tine ngu	e in Nem 70 II	iay not D	e alleleu.)	

ITEM 8 MUST BE SIGNE

8.) By

Any Authorized Officer's Signature)

Pres or V. Pres required if changes listed in 2)

erad in Si

Pres.

/25/p/ (Vale)

Secretary 4/25/8

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.

Attest

(Secretary's or ass't. Secretary's Signature required only if changes listed in 2)

UNOFFICIAL COPY

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MAIL TO:

Ira J. Friedman
30 North LaSalle Street
Suite 2626
Chicago, Illinois 60602

89233177