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FILING DEADLINE IS: 7/1/90

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

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION
FILE NO D 5244-519 - 1

YEAR OF 1990

90403738

FILED

AUG' 6 1990

1.)

CORPORATE NAME **Cosmos Restaurant, Inc.**
REGISTERED AGENT
REGISTERED OFFICE
CITY, IL, ZIP CODE

JIM EDGAR
Secretary of State

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

COSMOS RESTAURANT, INC.
Corporation Name
SOL H. GANELLEN
Registered Agent
1 N. LASALLE ST.
Registered Office - Street Address
CHICAGO, ILL 60602
City, County, IL Zip Code
COOK CO. ILL.

3.) Date Incorporated 1/7/81

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

7343 W. Roosevelt Rd
Forest Park, Illinois 60131

Federal Employer Identification Number
(FEIN) 36133785

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

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
MIKE KOLLIOS	President	7343 W. Roosevelt Rd.	Forest Park, Illinois		60131
JAMES SUBLETT	Secretary	7343 W. Roosevelt Rd.	Forest Park, Illinois		60131
CHARLES PHILLIPS	Treasurer	7343 W. Roosevelt Rd.	Forest Park, Illinois		60131
MIKE KOLLIOS	Director	7343 W. Roosevelt Rd.	Forest Park, Illinois		60131
CHARLES PHILLIPS	Director	7343 W. Roosevelt Rd.	Forest Park, Illinois		60131
JAMES SUBLETT	Director	7343 W. Roosevelt Rd.	Forest Park, Illinois		60131

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

6.) Number of shares authorized and issued (as of

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
One	Common	No par value	100,000	10,000

90403738
NUMBER ISSUED

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

*PAID-IN CAPITAL \$ 10,000

***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 on record with the Secretary of State is:

TOTAL \$ 10,000

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

ITEM 8 MUST BE SIGNED

8.) By Mike Kollios President
(Any Authorized Officer's Signature) (Title) (Date)
(Pres. or V. Pres. required if changes listed in 2)

Attest _____ Secretary
(Secretary's or ass't 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.

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90403738

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COOK COUNTY RECORDER



SOL H. GANELLEN
1 N. LA SALLE ST #1614
CHICAGO, ILL 60602

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