No. C114665	Annual Report Form Due No Later Than November 30,	2. Registered Agen	nt and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	CT CORP 300 N 6TH ST	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	NICOR PRODUCTS, INC. DIANE N SROFE 1602 N GOLDENROD RD	BOISE	ID 83701
* FIRST NOTICE *	ORLANDO FL 32807	3. Organized Unde	c 114666
 Corporations: Enter Names and Limited Liability Companies: Enter 	Addresses of President, Secretary and Directors in Names and Addresses of Managers or Member	rs (check one)	
Office held Name Chairman Dale N	Street or P.O. Address Chols No. 1. Coldental Rd.	<u>City</u> Orlando	State Zip FL 3,807
Secretary Gary		Orlando	FL 32807
Treasurer Nichda	s J. Degel 1602 N. boldenrod Ad.	Ollando	FL 3,807
Ass't secretary A.H. Y		Ollando	FL 32807
Retail Swes of Lons	trudion Supplies		
NATURE OF BUSINESS	6. I certify that this Annual Report has been knowledge true, correct and complete.		and is to the best of my
ANY-LAWFUL	Name (Typed or Printed)	Date _ Title _	They Secretary
- ISSUED: 37-06-19	96		1718
*			