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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 206426

1. Corporation Name
HARTSEL RANCH CORPORATION

Principal Place of Business 4400 PGA BLVD STE 900 P. BEACH GARDENS FL 3341 US	Mailing Address 4400 PGA BLVD STE 900 P. BEACH GARDENS FL 3341 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4400 PGA Blvd.	2a. Mailing Address 26 4400 PGA Blvd.
Suite, Apt. #, etc. 22 Suite 1000	Suite, Apt. #, etc. 27 Suite 1000
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip 24 33410	Country 25 USA
Zip 29 33410	Country 30 USA

3. Date Incorporated or Qualified 10/02/1957	4. FEI Number 59-1010067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

COHEN, STEVEN
 4400 PGA BLVD STE 900
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name Cohen, Steven	85 Zip Code 33401
82 Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive, Suite 700	
83	
84 City West Palm Beach	85 State FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/27/99

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, C.N. 4400 PGA BLVD STE 900 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHERNOFF, DAVID S 140 SOUTH DEARBORN ST CHICAGO IL 60603	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, STEVEN 4400 PGA BLVD STE 900 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GRACE, PHILIP M 4400 PGA BLVD STE 900 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DALE E 4400 PGA BLVD STE 900 PALM BCH GARDENS FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YANCHURA, MARC 140 SOUTH DEARBORN ST CHICAGO IL 60603	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD Mintz, Joshua, M. 140 South Dearborn Street Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Cohen, Steven 625 North Flagler Drive, Suite 700 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD Hutton, Lyn 140 South Dearborn Street Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	MD Yanchura, Marc 140 South Dearborn Street Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/27/99 DAYTIME PHONE #: 561-650-8360

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)