

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703971 (2)

1. Corporation Name
ILLINOIS APARTMENTS, INC.



Principal Place of Business: C/O BEACON PROP. MANAGEMENT, INC. ONE N. OCEAN BLVD., STE. 7 BOCA RATON FL 33432
Mailing Address: C/O BEACON PROP. MANAGEMENT, INC. ONE N. OCEAN BLVD., STE. 7 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 05/01/1962
3a. Date of Last Report: 04/05/1995
4. FEI Number: 59-1879079
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1501 SE 15th court
22 Suite, Apt. #, etc.:
23 City & State: Deerfield Beach, FL.
24 Zip: 25 33431
26 27 28 29 30 2a. Mailing Address: 500 E. Spanish River Blvd. Suite, Apt. #, etc.: #18
28 Boca Raton, FL.
29 30 Country:

9. Name and Address of Current Registered Agent
WILLIS, ERNEST W.
ONE N. OCEAN BLVD., STE. 7
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name: Ernest W. Willis
82 Street Address (P.O. Box Number is Not Acceptable): Beacon Property Mgmt
83 500 E. Spanish River Blvd. #18
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ernest W. Willis* ERNEST W WILLIS 3-27-96
Date: 3-27-96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	VILLARI, LEO J	
STREET ADDRESS	44 BIRCH HILL RD	
CITY - ST - ZIP	BELMONT MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SATERIALE, PATRICIA	
STREET ADDRESS	1501 SE 15TH CT #502	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMITH, CHRISTINE	
STREET ADDRESS	1501 S.E. 15TH CT. #302	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNOLLY, JOHN	
STREET ADDRESS	1501 SE 15TH CT #102	
CITY - ST - ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALARCHIO, ARTHUR	
STREET ADDRESS	24603 EDGEWOOD DR	
CITY - ST - ZIP	NOVI MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine Smith* CHRISTINE SMITH 4/1/96 422-9121
Date: 4/1/96 Daytime Phone #

CR2E037 (12/95)