

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **819598** (4)
 1. Corporation Name
MIDAS REALTY CORPORATION



Principal Place of Business Mailing Address
225 N MICHIGAN AVE CHICAGO IL 60601 **225 N MICHIGAN AVE CHICAGO IL 60601**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/27/1966	3a. Date of Last Report 03/07/1995
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number 36-2545665	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

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 _____ DATE _____
Signature typed on pre-registered agent and director block (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANT, RICHARD W.	12 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	13 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 0	14 CITY - ST - ZIP	
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY, R LEE	22 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 0	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, ROBERT M	32 NAME	SD
STREET ADDRESS	225 N MICHIGAN AVE	33 STREET ADDRESS	SORENSEN, ROBERT H.
CITY - ST - ZIP	CHICAGO, IL 0	34 CITY - ST - ZIP	225 N. Michigan Ave., Chicago IL 60601
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN R	42 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 0	44 CITY - ST - ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, TERENCE E.	52 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	53 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	54 CITY - ST - ZIP	
TITLE	T	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRELL, EDWIN A.	62 NAME	
STREET ADDRESS	225 N. MICHIGAN AVE.	63 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	64 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 an attachment with an address.

SIGNATURE: *Robert H. Sorensen* **ROBERT H. SORENSEN** **6/14/96** **312-565-7500**

CR2E034 (3/96)