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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90021 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 857381

1. Corporation Name  
**ORANGELAND VISTAS, INC.**

Principal Place of Business  
 C/O ANN M. SCHNEIDER  
 2 N. RIVERSIDE PLAZA  
 CHICAGO IL 60606

Mailing Address  
 C/O ANN M. SCHNEIDER  
 2 N. RIVERSIDE PLAZA  
 CHICAGO IL 60606



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/10/1983**

4. FEI Number **36-3250287** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP STONEBRAKER, KELLY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 N RIVERSIDE PLAZA	1.2 NAME	
STREET ADDRESS	CHICAGO IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD PHIPPS, JAMES M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 NORTH RIVERSIDE PLAZA	2.2 NAME	
STREET ADDRESS	CHICAGO IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S SCHNEIDER, ANN M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 NORTH RIVERSIDE PLAZA	3.2 NAME	
STREET ADDRESS	CHICAGO IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TV GREENBERG, ARTHUR A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 NORTH RIVERSIDE PLAZA	4.2 NAME	
STREET ADDRESS	CHICAGO IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS KOSFELD, MARLENE C.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 NORTH RIVERSIDE PLAZA	5.2 NAME	
STREET ADDRESS	CHICAGO IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD LIEBENTRITT, DONALD J	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 N. RIVERSIDE PLAZA	6.2 NAME	
STREET ADDRESS	CHICAGO IL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED**

**MAR 25 1999** 312-466-3607

CR2E034 (11/98)