

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

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DOCUMENT # F9400000272 (4)

1. Corporation Name

MHC-BAY INDIES VISTAS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001429760
-03/15/95--01024--025
*******225.00 *****225.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/20/1994** 3a. Date of Last Report

4. FEI Number **APPLIED FOR 36-3931212** 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

Principal Place of Business

**2 N. RIVERSIDE PLAZA
CHICAGO IL 60606**

Mailing Address

**2 N. RIVERSIDE PLAZA
CHICAGO IL 60606**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.
TITLE **PD**
NAME **ROSENBERG, SHELI Z**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY - ST - ZIP **CHICAGO IL 60606**

13.
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VTD**
NAME **ROSENBERG, ARTHUR A**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY - ST - ZIP **CHICAGO IL 60606**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD**
NAME **PHIPPS, JAMES**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY - ST - ZIP **CHICAGO IL 60606**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **S**
NAME **SCHNEIDER, ANN M**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY - ST - ZIP **CHICAGO IL 60606**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **AS**
NAME **KOSFELD, MARLENE C**
STREET ADDRESS **2 N. RIVERSIDE PLAZA**
CITY - ST - ZIP **CHICAGO IL 60606**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME **Vice President**
6.3 STREET ADDRESS **Donald J. Liebenritt**
6.4 CITY - ST - ZIP **2 N. Riverside Plaza
Chicago, Illinois 60606**

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider, Secretary

3/8/95

312-466-3607

ASW 3-13-95