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**Apr 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000000272 (4)

1. Corporation Name
MHC-BAY INDIES VISTAS, INC.



Principal Place of Business Mailing Address
2 N. RIVERSIDE PLAZA CHICAGO IL 60606

3. Date Incorporated or Qualified **01/20/1994** 3a. Date of Last Report **03/04/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 36-3931212	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, SHELJ Z			1.2 NAME	Stonebraker, Kelly		
STREET ADDRESS	2 N. RIVERSIDE PLAZA			1.3 STREET ADDRESS	2 N. Riverside Plaza		
CITY- ST- ZIP	CHICAGO IL 60606			1.4 CITY- ST- ZIP	Chicago, IL 60606		
TITLE	TV	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENBERG, ARTHUR A			2.2 NAME	Greenberg, Arthur A.		
STREET ADDRESS	2 N. RIVERSIDE PLAZA			2.3 STREET ADDRESS			
CITY- ST- ZIP	CHICAGO IL			2.4 CITY- ST- ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHIPPS, JAMES			3.2 NAME			
STREET ADDRESS	2 N. RIVERSIDE PLAZA			3.3 STREET ADDRESS			
CITY- ST- ZIP	CHICAGO IL 60606			3.4 CITY- ST- ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M			4.2 NAME			
STREET ADDRESS	2 N. RIVERSIDE PLAZA			4.3 STREET ADDRESS			
CITY- ST- ZIP	CHICAGO IL 60606			4.4 CITY- ST- ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSFELD, MARLENE C			5.2 NAME			
STREET ADDRESS	2 N. RIVERSIDE PLAZA			5.3 STREET ADDRESS			
CITY- ST- ZIP	CHICAGO IL 60606			5.4 CITY- ST- ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEIBENTRITT, DONALD J			6.2 NAME			
STREET ADDRESS	2 N. RIVERSIDE PLAZA			6.3 STREET ADDRESS			
CITY- ST- ZIP	CHICAGO IL			6.4 CITY- ST- ZIP			

14. I do 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.

SIGNATURE: _____ **Ann M. Schneider**
Secretary **4/4/97 312-466-3607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)