**FILED** 

03-30-1999 90012 021 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400003850

1. Corporation Name

RBG XIV	COHP.					
Principal Place	of Rusiness	Mailing Address			<u> </u>	
•		154 W. HUBBARD ST.				
154 W. HUBBARD ST. 154 W. HUBBARD ST. SUITE 250 SUITE 250						
CHICAGO IL 60610 CHICAGO IL 60610					DO NOT WRITE I	N THIS SPACE
5, 5,					3. Date Incorporated or Qualifed	
					07/22/1994	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21					36-3966355	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
27					V. Certificate of Citatos Desired	Fee Required
City & State City & State					6. Election Campaign Financing	¬ \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current	
24	25	29 3	0		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Regi	stered Agent
TUE DOENTICE HALL CORDODATION SYSTEM INC						
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable	)
1201 HAYS ST.			L	<u> </u>		
IALL	AHASSEE FL 32301		8:	3		
		,	84	4 City		85 Zip Code
				"		FL
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				<del></del>	· ·	DATE
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: RI	13.	ent signature require	ADDITIONS/CHANGES TO OFFIC	
12. πημε	PD OFFICERS AI	DELETE	1.1 TITLE	1	ABBITTORIGIONALISES TO STATE	☐ Change ☐ Addition
ļ	GOLDFINE, ROBERT S		1.2 NAME	1		
NAME [	154 W. HUBBARD ST.		1	ET ADDRESS		
STREET ADDRESS	CHICAGO IL 60610		1			
CITY-ST-ZIP		☐ DELETE	1.4 CITY- 2.1 TITLE		<u>.</u>	☐ Change ☐ Addition
TITLE	VASD PRINCE H	□ bcce ie				
NAME	BLOCK, BRUCE H		2.2 NAME			
STREET ADDRESS	154 W. HUBBARD ST.			ET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610	□ pciete	2. 4 CITY			☐ Change ☐ Addition
TTLE	VSD	☐ DELĒTĒ	3.1 TITLE	1		
NAME	ROSS, ROBERT S		3.2 NAME	i		}
STREET ADDRESS	154 W. HUBBARD ST.		1	ET ADORESS		`
CITY-ST-ZIP	CHICAGO IL 60610		3.4. CITY			☐ Change ☐ Addition
TITLE	AS	☐ DELETE	4,1 TITLE			☐ Change ☐ Addition
NAME -	MOHR, BARBARA		4, 2 NAM			
STREET ADDRESS	154 W. HUBBARD ST.		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610			ST-ZiP	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE	i		☐ Change ☐ Addition
NAME			6.2 NAME			Į

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 of the eceiver 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 or a statistisment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CHAZURE REQUIRED YPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR