

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003983 (3)

1. Corporation Name
SNOWBIRDLAND VISTAS, INC.



Principal Place of Business
**% ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606**

Mailing Address
**% ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606**

3. Date Incorporated or Qualified **08/01/1994** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number **36-3967305**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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: _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SHELI Z	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PHIPPS, JAMES M	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIEBENTRITT, DONALD J	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KOSFELD, MARLENE C	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO IL 60606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Greenberg, Arthur A.	
2.3 STREET ADDRESS	2 N. Riverside Plaza	
2.4 CITY - ST - ZIP	Chicago, IL 60606	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Liebentritt, Donald J.	
4.3 STREET ADDRESS	2 N. Riverside Plaza	
4.4 CITY - ST - ZIP	Chicago, IL 60606	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann M. Schneider, Secretary

2/2/96

312-466-3607

CR2E034 (12/95)