

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

FILED
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
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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 60606-2800
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3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 03/04/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 36-3967305	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301	
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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 DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSENBERG, SHELI 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENBERG, ARTHUR A		2.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		2.3 STREET ADDRESS	
CITY- ST- ZIP CHICAGO IL		2.4 CITY- ST- ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHIPPS, JAMES M		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 VD	<input type="checkbox"/> DELETE	4.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIEBENTRITT, DONALD J		4.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		4.3 STREET ADDRESS	
CITY- ST- ZIP CHICAGO IL		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 S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDER, ANN M		6.2 NAME	
STREET ADDRESS 2 N. RIVERSIDE PLAZA		6.3 STREET ADDRESS	
CITY- ST- ZIP CHICAGO IL 60606		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 in 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 #

CP2E034 (9/96)