

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # F95000002458 (6)**

1. Corporation Name  
**RBG XVIII CORP.**

Principal Place of Business  
**154 WEST HUBBARD STREET  
SUITE 250  
CHICAGO IL 60610**

Mailing Address  
**154 WEST HUBBARD STREET  
SUITE 250  
CHICAGO IL 60610-4523**

**FILED**  
**Apr 02 1997 8:00am**  
**Secretary of State**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PRENTICE HALL LEGAL & FINANCIAL SERVICES  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

3. Date Incorporated or Qualified

**05/19/1995**

3a. Date of Last Report

**04/16/1996**

4. FEI Number

**36-4017801**

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

10. Name and Address of New Registered Agent

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 of the principal or preferred name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**PVC  
GOLDFINE, ROBERT S  
154 WEST HUBBARD, SUITE 250  
CHICAGO IL 60610**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**CV  
BLOCK, BRUCE H  
154 WEST HUBBARD, SUITE 250  
CHICAGO IL 60610**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**SD  
ROSS, ROBERT S  
154 WEST HUBBARD, SUITE 250  
CHICAGO IL 60610**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-97**

Date

Daytime Phone #

0482476

CR2E034 (9/96)