

**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

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

**DOCUMENT # F95000003884 (2)**

1. Corporation Name  
**RBG XVII CORP.**



Principal Place of Business  
**154 W. HUBBARD #250  
CHICAGO IL 60610**

Mailing Address  
**154 W. HUBBARD #250  
CHICAGO IL 60610-4523**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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.

3. Date Incorporated or Qualified

**08/11/1995**

3a. Date of Last Report

**04/16/1996**

4. FEI Number

**36-4034066**

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

SIGNATURE

Signature type in printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDFINE, ROBERT S</b>	
STREET ADDRESS	<b>154 W. HUBBARD #250</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60610</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, ROBERT S</b>	
STREET ADDRESS	<b>154 W. HUBBARD #250</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60610</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MOHR, BARBARA</b>	
STREET ADDRESS	<b>154 W. HUBBARD #250</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60610</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOCK, BRUCE H</b>	
STREET ADDRESS	<b>154 W. HUBBARD #250</b>	
CITY- ST- ZIP	<b>CHICAGO IL 60610</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that my name as officer or director of the corporation or the receiver or trustee empowered to execute this report as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Section 119.07(3)(i), Florida Statutes. I further certify that the signature shall have the same legal effect as if made under oath; that required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:**

*[Handwritten Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**32597**

Date: Day/Mo/Yr

CR2E034 (9/96)