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

PROFIT CORPORATION ANNUAL REPORT



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

1996

F95000004715 (7)

DOCON			J47 IO (7)			
1. Corporation Name RBG XVI CORP.							
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Principal Place of Business			Mailing Address				
154 WEST HUBBARD. STE 250			154 WEST HUBBARD, STE 250				
CHICAGO IL 60610			CHICAGO IL 60610				
						3. Date Incorporated or Qualified 3a. Date of Last Report	
						09/27/1995	
2. Principal Place of Business			2a. Mairing Address			4. FEI Number 2/4/12994/h Applied For	
21						APPLIED FOR 36 7037990 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Oity & State			Oty & State			6. Election Campaign Financing \$5.00 May Be	
23						Trust Fund Contribution Added to Fees	
Zip	Zip Country		Zip Country		itry	8. This corporation has liability for intangible tax under s. 199.032.	
24	25	29		30		Florida Statutes Yes No	
	9. Name and Address of Curre	ent Regis	stered Agent		81 Name	10. Name and Address of New Registered Agent	
THE DO	CHITICE HALL CORROBATION	CVCTEL	LING				
THE PRENTICE-HALL CORPORATION SYS 1201 HAYS STREET, STE 105			i, inc.		82 Street #	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301					83		
TALEA PAGGE TE 0250 T						· · · · · · · · · · · · · · · · · · ·	
					B4 City	FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.050	02 and 60	7.1508, Florida Statul	tes, the abov	re-named co	riporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. Lam	
or registere familiar with	ed agent, or both, in the State of Fic h, and accept the obligations of, Se	otion 607	n change was authoriz .0505, Florida Statutes	zea by the ci s.	orporation s	board or directors, it nereby accept the appointment as registered agent. Fam	
SIGNATURE _							
12.	Supature Typed or printed name of registerer ag-			DIE Begisteen / ■ 13,	Agent signature is	PIATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	and any great and an arranged and		1 1 1 1	LF	Change Addition		
NAME	GOLDFINE, ROBERT S			1.2 NAME			
STREET ADDRESS 154 WEST HUBBARD, STE 2			13 STREET ADDRESS		REET ADDRESS		
CITY-ST-ZIF CHICAGO IL			1.4 C+TY - ST - ZiP		Y-ST-ZiP		
TITLE	VS		DELETE	2 1 Title		☐ Change ☐ Addition:	
NAME	ROSS, ROBERT S			2.2 NAME			
STREET ADDRESS 154 WEST HUBBARD, STE 2		250	2 3		REFT ADDRESS		
CITY-ST-ZIP CHICAGO IL					Y - ST - ZiP		
TITLE	AS DARRAGA		☐ DELFTE	3 1 1/1		Change Addition	
NAME				3 2 N.4	1		
STREET ADDRESS	154 WEST HUBBARD, STE CHICAGO IL	250			REFT ADDRESS		
CITY-ST-ZIP TOLE	CD CD		DELE TE	3.4 G-I	Y · ST · Z·P	Change Addition	
NAME	BLOCK, BRUCE H		C) believe	4.2 NA			
STREET AUDRESS	154 WEST HUBBARD, STE	250			REEL ADORESS		
CITY-ST-ZIF	CHICAGO IL				Y - ST - Z:P		
TITLE			☐ DELETE			Change Addition	
NAME				5 2 NAME			
STREET ADDRESS				5.3 STHEET ADDRESS			
C(TY-S1-ZIP				5.4 CITY-ST-Z:P			
TITLE			☐ DELETE	6 1 TITLE		Change Addition	
NAME				6.2 NA	ME		
STREET ADDRESS					REFT ADDRESS		
CITY-ST-7/F 6-6 14. I do hereby certify that the information supplied with this fring is voluntarily furnished ar					Y - ST - Z.P		
14. I do hereby	y cerury that the information supplied	o with this	s ining is voluntarily turi	nished and c	ioes not gua	iny for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther	

4. I do nereby certify that the information supplied with this triing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes. Fluring 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 or the attachment with an address.

SIGNATURE:

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96