

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # F95000004715 (7)**

1. Corporation Name  
**RBG XVI CORP.**



Principal Place of Business  
**154 WEST HUBBARD, STE 250  
 CHICAGO IL 60610**

Mailing Address  
**154 WEST HUBBARD, STE 250  
 CHICAGO IL 60610-4523**

3. Date Incorporated or Qualified **09/27/1995**      3a. Date of Last Report **04/16/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **36-4039940**      Applied For  
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, STE 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.

SIGNATURE

Signature (Typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
**PD**  
 NAME **GOLDFINE, ROBERT S**  
 STREET ADDRESS **154 WEST HUBBARD, STE 250**  
 CITY, ST, ZIP **CHICAGO IL**

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

TITLE  DELETE  
**VS**  
 NAME **ROSS, ROBERT S**  
 STREET ADDRESS **154 WEST HUBBARD, STE 250**  
 CITY, ST, ZIP **CHICAGO IL**

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

TITLE  DELETE  
**AS**  
 NAME **MOHR, BARBARA**  
 STREET ADDRESS **154 WEST HUBBARD, STE 250**  
 CITY, ST, ZIP **CHICAGO IL**

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

TITLE  DELETE  
**CD**  
 NAME **BLOCK, BRUCE H**  
 STREET ADDRESS **154 WEST HUBBARD, STE 250**  
 CITY, ST, ZIP **CHICAGO IL**

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

TITLE  DELETE

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

TITLE  DELETE

6.1 TITLE  Change  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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-97**  
 Date Daytime Phone

CR2E034 (9/96)