

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

**FILED**

**Jun 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000000398 (5)  
1. Corporation Name  
RBG XXIV 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 154 W. Hubbard Ste. 250 Chicago, IL 60610  
2a. Mailing Address: 26 154 W. Hubbard Ste. 250 Chicago, IL 60610

3. Date Incorporated or Qualified: 01/23/1996  
4. FEI Number: 36-4068286  
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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607 (502) 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | PVD                             | <input type="checkbox"/> DELETE |
| NAME           | GOLDFINE, ROBERT S              |                                 |
| STREET ADDRESS | 154 WEST HUBBARD STREE, STE 250 |                                 |
| CITY-ST-ZIP    | CHICAGO IL                      |                                 |
| TITLE          | VCD                             | <input type="checkbox"/> DELETE |
| NAME           | BLOCK, BRUCE H                  |                                 |
| STREET ADDRESS | 154 WEST HUBBARD STREE, STE 250 |                                 |
| CITY-ST-ZIP    | CHICAGO IL                      |                                 |
| TITLE          | SD                              | <input type="checkbox"/> DELETE |
| NAME           | ROSS, ROBERT S                  |                                 |
| STREET ADDRESS | 154 WEST HUBBARD STREE, STE 250 |                                 |
| CITY-ST-ZIP    | CHICAGO IL                      |                                 |
| 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           | 800002542778  |
| 5.3 STREET ADDRESS | -06/01/98--01119--003   |
| 5.4 CITY-ST-ZIP    | ***150.00   |
| 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 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: Robert S. Ross

CR2E034 (10/97)