

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90039 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000673

1. Corporation Name
KING'S CROSSING REALTY CORP.

Principal Place of Business 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257	Mailing Address 600 CENTRAL AVENUE, SUITE 365 HIGHLAND PARK IL 60035-3257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/04/1998	
4. FEI Number 88-0384878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FELNER, JAY
4770 TREE FERN DRIVE
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name Jay Felner		
82 Street Address (P.O. Box Number is Not Acceptable) 4182 Live Oak Boulevard		
83		
84 City Delray Beach	85 State FL	Zip Code 33445

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 Jay Felner *Jay Felner* DATE 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAGNER, NATHAN		1.2 NAME	
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365		1.3 STREET ADDRESS	
CITY-ST-ZIP HIGHLAND PARK IL 60035-3257		1.4 CITY-ST-ZIP	
TITLE CVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOLDMAN, ROBERT U		2.2 NAME	D
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365		2.3 STREET ADDRESS	
CITY-ST-ZIP HIGHLAND PARK IL 60035-3257		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAGNER, SUSAN		3.2 NAME	
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365		3.3 STREET ADDRESS	
CITY-ST-ZIP HIGHLAND PARK IL 60035-3257		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAXMAN, CHARLES		4.2 NAME	
STREET ADDRESS 1695 LAKE COOK ROAD, APT. 229		4.3 STREET ADDRESS	
CITY-ST-ZIP HIGHLAND PARK IL 60035		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZBERG, ALBERT		5.2 NAME	
STREET ADDRESS 50 MAIN STREET, 4TH FLOOR, SUITE 435		5.3 STREET ADDRESS	
CITY-ST-ZIP WHITE PLAINS NY 10606		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELNER, JAY		6.2 NAME	
STREET ADDRESS 625 AUBURN CIRCLE WEST		6.3 STREET ADDRESS	4182 Live Oak Boulevard
CITY-ST-ZIP DELRAY BEACH FL 33444		6.4 CITY-ST-ZIP	Delray Beach, FL 33445

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, with all other like empowered.

SIGNATURE: Susan Wagner *Susan Wagner* DATE 3/29/99 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1198)