FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G03499** **(2)**

1. Corporation Name

INTERVEST SOUTHERN REAL ESTATE CORPORATION

Principal Place of Business

300 NORTH FRANKLIN STREET
TAMPA FL 33602

Mailing Address

2901 BUTTERFIELD ROAD
OAK BROOK IL 60521

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **10/07/1982**

3a. Date of Last Report: **06/29/1995**

4. FEI Number: **59-2230516** 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

9. Name and Address of Current Registered Agent

WARES, WILLIAM A.
300 NORTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	RUSDORF, RICHARD F.	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	ST	☒ DELETE
NAME	KREMIN, ALAN F.	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	C	☒ DELETE
NAME	BENJAMIN, DAVID M.	
STREET ADDRESS	2901 BUTTERFIELD RD.	
CITY-ST-ZIP	OAK BROOK IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	Roberta S. Matlin	
1.3 STREET ADDRESS	2901 Butterfield Road	
1.4 CITY-ST-ZIP	Oak Brook, IL 60521	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	Martel Day	
2.3 STREET ADDRESS	2901 Butterfield Road	
2.4 CITY-ST-ZIP	Oak Brook, IL 60521	
3.1 TITLE	S/T/D	☒ Change ☐ Addition
3.2 NAME	Catherine L. Lynch	
3.3 STREET ADDRESS	2901 Butterfield Road	
3.4 CITY-ST-ZIP	Oak Brook, IL 60521	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished, and 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: Catherine L. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Catherine L. Lynch

3-27-96
Date

(708) 218-8000
Daytime Phone #