

**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

1-216-916 B-03142C

DOCUMENT # P95000044847 (8)

1. Corporation Name  
**BUSINESS ENTERPRISE OF PINELLAS, INC.**



Principal Place of Business: 53 WEST JACKSON BLVD., SUITE 530 CHICAGO IL 60604  
Mailing Address: 53 WEST JACKSON BLVD., SUITE 530 CHICAGO IL 60604

3. Date Incorporated or Qualified: 06/09/1995  
3a. Date of Last Report: N/A  
4. FEI Number: 36-4040419  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code  
FL

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 type for professional registered agent and filer applicants

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS  
1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1. TITLE: P  
2. 2. NAME: Ashton de Peyster  
3. 3. STREET ADDRESS: 223 Atlantic Ave.  
4. 4. CITY-ST-ZIP: Palm Beach, FL 33480  
5. 2.1 TITLE: VP/D  
6. 2.2 NAME: Francis Beidler III  
7. 2.3 STREET ADDRESS: 53 West Jackson Blvd., Suite 530  
8. 2.4 CITY-ST-ZIP: Chicago, IL 60604  
9. 3.1 TITLE: S/D  
10. 3.2 NAME: Elizabeth B. Tisdahl  
11. 3.3 STREET ADDRESS: 53 West Jackson Blvd., Suite 530  
12. 3.4 CITY-ST-ZIP: Chicago, IL 60604  
13. 4.1 TITLE: D  
14. 4.2 NAME: Elinor B. Siklossy  
15. 4.3 STREET ADDRESS: 53 West Jackson Blvd., Suite 530  
16. 4.4 CITY-ST-ZIP: Chicago, IL 60604  
17. 5.1 TITLE:   
18. 5.2 NAME:   
19. 5.3 STREET ADDRESS:   
20. 5.4 CITY-ST-ZIP:   
21. 6.1 TITLE:   
22. 6.2 NAME:   
23. 6.3 STREET ADDRESS:   
24. 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elinor B. Siklossy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96  
Date

312/922-3792  
Daytime Phone #

CR2E034 (12/95)