

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 048 ***150.00



DOCUMENT # 257697
 1. Entity Name
SOUTH MIAMI CORPORATION

Principal Place of Business Mailing Address
5750 SUNSET DRIVE **5750 SUNSET DRIVE**
P. O. BOX 1000 **P. O. BOX 1000**
MIAMI FL 33143 **MIAMI FL 33143**

20011404



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
36-6054632 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> V. Pres. / Director <input type="checkbox"/> Delete
NAME	SCRANTON, KENNETH E.
STREET ADDRESS	100 N. WASHINGTON ST. #1908 680 N. Lake Shore Dr
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	AST <input type="checkbox"/> Delete
NAME	KRCH, C
STREET ADDRESS	680 N. LAKE SHORE
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	CD <input type="checkbox"/> Delete
NAME	WIRTZ, WILLIAM W
STREET ADDRESS	680 N. LAKE SHORE DR.
CITY-ST-ZIP	CHICAGO, ILL 60608 60611
TITLE	<input checked="" type="checkbox"/> President / Director <input type="checkbox"/> Delete
NAME	ROCKWELL, WIRTZ W
STREET ADDRESS	680 N. LAKE SHORE DR.
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	AST <input type="checkbox"/> Delete
NAME	MOHLER, MAX
STREET ADDRESS	680 N. LAKE SHORE DR.
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	<input type="checkbox"/> Secretary / Director <input type="checkbox"/> Delete
NAME	Donald Hunter
STREET ADDRESS	680 N. Lake Shore Dr.
CITY-ST-ZIP	Chicago, Ill. 60611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce W. MacArthur
STREET ADDRESS	680 N. Lake Shore Dr.
CITY-ST-ZIP	Chicago, Ill. 60611
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR